



SONS OF AMVETS

DEPARTMENT OF FLORIDA

Veterans Mobility Assistance Program Application



The Sons of AMVETS Department of Florida is committed to assisting our nation’s Veterans through our Veterans Mobility Assistance Program. All requests for assistance will be reviewed by the Sons of AMVETS Department of Florida Executive board Please provide the information below and forward your request to the SOA Department of Florida Commander by e-mail or by USPS mail. (addresses below).

Date: "*****1"

Date of birth: 1 1 Name:

Address:

City: State: Zip Code:

Phone: _____ Height: _____ Weight: _____ (models vary according to an individuals size)

Veterans Service Organization Member (AMVETS, VFW, American Legion)? Post#

What years did you serve? Branch of service:

Briefly describe your duties, stations of service and any awards received:

Briefly state reason for requesting a unit and type desired. Example:small 3 wheeler,4 wheeler, Power chair, etc..

Signature

The Sons of AMVETS Department of Florida is not liable for or responsible for the maintenance/repair of the unit or for any property damage or bodily injury resulting from the operation of this equipment. Your signature above acknowledges your agreement with the above liability statement

Please send this completed form to:

.(11-28-2019)

Commander Patrick Holcombe
PO Box 494653
Port Charlotte, FL 33949
pnh1065@gmail.com
(850) 259-9437