WISCONSIN DVA VETERANS FORWARD | Wisconsin Department of Veterans Affairs
Wis. Stats. Chapter 45

201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843
(608) 266-1311 | 1-800-WIS-VETS (947-8387)

VBATS ACCOUNT AUTHORIZATION — COUNTY / TRIBAL VETERAN SERVICE OFFICES

COUNTY / TRIBAL VETERAN SERVICE OFFICE AND OFFICE ADDRESS	**This is the permanent record used by the WDVA to verify the position of County / Tribal Veteran Service Office personnel authorized to utilize the Veterans Benefit Application Tracking System (VBATS). WDVA will use this form to grant or remove future VBATS access. County / Tribal officials will use it to annually verify authorized users with WDVA and/or to notify WDVA of changes, additions, or removals of personnel. Check and fill in the Replacement name to remove an account.**
DATE	

APPLICANT #1	Name _____	
	Title	
Phone ( )	☐ Addition ☐ Replacement for:	☐ Annual Renewal
Signature	Date	Email

APPLICANT #2	Name _____	
	Title	
Phone ( )	☐ Addition ☐ Replacement for:	☐ Annual Renewal
Signature	Date	Email

APPLICANT #3	Name _____	
	Title	
Phone ( )	☐ Addition ☐ Replacement for:	☐ Annual Renewal
Signature	Date	Email

COUNTY EXECUTIVE, ADMINISTRATOR, OR ADMINISTRATIVE COORDINATOR	I certify on behalf of my county / tribe that these signatures are valid and that these individuals are authorized to access and utilize the VBATS for WDVA programs and benefits. I understand that criminal and/or civil penalties and/or civil damages may apply if I, or the signatories above obtain unauthorized access to, or make an unauthorized disclosure or inspection of records obtained from the VBATS database, and agree to indemnify and hold harmless the WDVA for all costs and damages, including reasonable attorney's fees for all such violations occurring after the date of the signing of this document.	
	Name _____	
	Title	
Phone ( )	☐ Addition ☐ Replacement for:	☐ Annual Renewal
Signature	Date	Email