

**APPLICATION FOR
COLD WAR
RECOGNITION CERTIFICATE**

CDR, PERSCOM
Cold War Recognition, Hoffman II
ATTN: TAPC-CWRS, 3N45
200 Stovall Street
Alexandria, VA 22332-0473

Please forward a Cold War Recognition Certificate to the following veteran:

Name: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Period of Service: From: _____ To: _____

Enclosed is a source document (**copy of DD Form 214 or WD AGO 53-33 Enlisted Report & Record of Separation, Leave and Earning Statement (LES), copy of orders to active duty, etc.**), which verifies my service during the Cold War era sometime between 2 September 1945 and 26 December 1991. I understand that the enclosed source document will not be returned.

Submission of this request confirms my service. I further certify that my service was either honorable or general under honorable conditions.

(Signature)

(Date)