

## DEPARTMENT OF THE NAVY CRSC RECONSIDERATION REQUEST FORM

Use this form to request reconsideration of your application by the CRSC Board. For appeal to the Board for Correction of Naval Records (BCNR), use DD Form 149.

Name (Last, First, MI): \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Full SSN: \_\_\_\_\_

\_\_\_\_\_ Docket number: \_\_\_\_\_

\_\_\_\_\_ Specify: Navy \_\_\_\_ Marine Corps \_\_\_\_ Reserve \_\_\_\_

Is this a change of address? Yes or No? \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

1. I request reconsideration of my application for CRSC for the following reason(s):
- I have obtained new evidence/supporting documents which may verify the combat-related link to the disability listed below.
  - I have been rated by the VA for a previously undiagnosed/not-rated disability which may qualify me for CRSC.
  - My VA percentage has increased/decreased for a disability that has been previously approved as combat-related by the CRSC Board.
  - I have been awarded Special Monthly Compensation (SMC); Individual Unemployability (IU) by the VA .
  - Other (Reason is not listed above).

2. Supporting Documentation. My request is based upon supporting documentation that I believe will result in a revised CRSC decision. This supporting documentation was not contained in my original application package.

3. I believe the following disability is combat-related and would like it reconsidered by the CRSC Board.

DIAGNOSIS*	VASRD CODE (if known)	Combat Code	VA %

How was the disability caused by combat-related circumstances?\*

\*If claiming more than one injury or if additional space is needed, please use separate page(s).

COMBAT-RELATED CODE (use one of the following): AC (armed conflict), HS (hazardous service), SW (simulating war), IN (instrument of war), POW (prisoner of war) or Presumptive(s): AO (Agent Orange), GW (Gulf War), RE (radiation) or MG (mustard gas).

SUPPORTING DOCUMENTATION: \_\_\_\_\_ (#) pages are submitted to support my reconsideration.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Send to:**  
**E-mail: CRSC@navy.mil**  
**FAX: (202) 685-6610**

**Mail: Secretary of the Navy Council of Review Boards**  
**Combat-Related Special Compensation Board**  
**720 Kennon Street SE, Suite 309**  
**Washington Navy Yard, DC 20374-5023**