



Application for Licensing and Certification Testing Fee Reimbursement

Applicant Information

First Name: _____ Middle: _____ Last: _____

Social Security No.: _____ VA File No. (if different): _____
*(For proper payment of benefits **dependents** must use VA File No.)*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Work Phone: _____

Have you applied for VA Benefits before? Yes No
 If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application. To request a copy of either form, call 1-800-827-1000 or go to www.gibill.va.gov.

Licensing / Certification Information

Name of Test: _____ Name and Address of Organization Issuing License _____

Date Test Taken: _____

Cost of Test: \$ _____

I hereby authorize the release of my test information to the Department of Veterans Affairs.

 Signature of Applicant (Do Not Print)

 Date Signed

Please return this form and a copy of your test results to:

Department of Veterans Affairs
P.O. Box 66830
St. Louis, MO 63166-6830