

Application for Licensing and Certification Testing Fee Reimbursement

First -- Middle -- Last Name of Applicant	Social Security No.: VA File No. (If Different): (For Proper Payment Of Benefits Dependents Must Use VA File No.)
Mailing Address	Home Telephone No. (Include Area Code) Work Telephone No. (Include Area Code)
Have you applied for VA Benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
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.	
Date Signed	Signature of Applicant (Do Not Print)
<u>PLEASE RETURN THIS FORM AND A COPY OF YOUR TEST RESULTS TO:</u> Department of Veterans Affairs, P.O. Box 8888, Muskogee, OK 74402-8888	