

STATE OF FLORIDA
BUREAU OF STATE APPROVING FOR VETERANS TRAINING
P.O. Box 31003
St. Petersburg, Florida 31003

**APPLICATION FOR LICENSING AND CERTIFICATION
TESTING FEE REIMBURSEMENT**

First – Middle – Last Name of Applicant	Social Security No.:
	VA File No.:
	(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? 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, you may call 1-800-827-1000. Forms may also be found on the VA Website – www.gibill.va.gov .	
Name of Test	Name and Address of the Organization Issuing the License
Date Test Taken	Cost of the Test
I hereby authorize the release of my test information to the Department of Veterans Affairs.	
Date Signed	Signature of Applicant (Do not Print)
Please return this form and a copy of your test results and exam fee receipt to: U.S. Department of Veterans Affairs Atlanta Regional Processing Office P.O. Box 100022 Decatur, GA 30031-7022	