Application for Licensing & Certification Test Reimbursement

Name of Applicant	Social Security #
	VA File # (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? ☐ Yes ☐ No

If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application. For a copy of either form see http://www.gibill.va.gov/GI_Bill_Info/How_to_Apply.htm

Name of Test	Name and Address of Organization Issuing License
Name of Certification	
Date 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)