

## *Application for Licensing and Certification Testing Fee Reimbursement*

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| First – Middle – Last Name of Applicant  | Social Security No.:   |
|  | VA File No. (if Different):<br>(For Proper Payment of Benefits, <b>Dependents</b> must use VA File No.)      |
| Mailing Address  | Home Telephone No. (Include Area Code)   |
|  | Work Telephone No. (Include Area Code)   |
| <p>Have you applied for VA Benefits before? Yes _____ No _____</p> <p>If no, please also complete VA Form 22-1990 (Veteran) or VA Form 22-5490 (Dependent) and submit it with this application.</p> <p>To request a copy of either form you may call 1-800-827-1000 or visit the VA web site at <a href="http://www.vba.va.gov/pubs/educationforms.htm">www.vba.va.gov/pubs/educationforms.htm</a></p> |  |
| Name of Test   | Name and Address of the Organization Issuing the License   |
|  | Dept. of Community & Economic Dev., Div. of Occ. Lic.<br>DCED – Occ Lic<br>PO Box 110806<br>Juneau, AK 99811 |
| Date Test Taken (Attach a copy of your test results or a copy of your license or certification)  | Cost of the Test (Attach a copy of the exam receipt)   |
| <p><b><i>“I hereby authorize the release of my test information to the Department of Veterans Affairs”.</i></b></p>  |  |
| Date Signed  | Signature of Applicant (Do not Print)  |
| <p>Please return this form with <b>a copy of your test results and exam fee receipt</b> to:</p> <p><b>U.S. Department of Veterans Affairs<br/>Muskogee Regional Processing Office<br/>PO Box 8888<br/>Muskogee, OK 74402-8888</b></p>  |  |