

State Of Florida
Bureau of State Approving For Veterans Training
Kroger Center, Douglas Building, Suite 100A
2540 Executive Center Circle West
Tallahassee, Florida 32301

Application for Licensing and Certification Testing Fee Reimbursement

First: _____ Middle: _____ Last Name: _____	Social Security No: _____ VA File No. (if Different): _____ <small>(For proper payment of benefits, Dependents must us VA file No.)</small>
Mailing Address	Home Telephone: _____ Work Telephone: _____
Have you applied for VA benefits before? Yes _____ No _____ If no, please also complete VA Form 22-1990 (Veteran) of VA Form 22-5490 (Dependent) and submit it with this application.	
<u>Name of Test</u>	<u>Name and Address of the Organization Issuing the License:</u>
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 copy of your test results and exam fee receipt to: U.S. Department of Veterans Affairs Atlanta Regional Processing Office P.O. Box 10022 Decatur, Ga 30031- 7022	