

Texas Workforce Commission
Veterans Education
 101 E. 15th Street, Room 342-T, Austin, Texas 78778-0001

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)
<p>Have you applied for VA Benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> 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. To request a copy of either form, call 1-(888)-442-4551 or go to https://www.gibill.va.gov</p>	
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)
<p>Please return this form and <u>a copy of your test results</u> to: Department of Veterans Affairs, VA Regional Office, P.O. Box 8888, Muskogee, OK 74402-8888</p>	

