Department of Veterans Affairs	APPLICATION FOR REIMBURSEMENT OF LICENSING OR CERTIFICATION TEST FEES					
IMPORTANT: Complete this application to apply for reimburse education benefits if you have not already done so. To apply, plea If found that you qualify for VA benefits, you can receive reimbur Please choose one.	ment of licensing or certification test fees. You must apply separately for VA se complete the Application for VA Education Benefits using VA Form 22-1990. sement of a licensing or certification test fee under one of the following programs.					
Montgomery GI Bill - Active Duty Educational A						
Post-Vietnam Era Veterans Educational Assistant	ace Program (VEAP) (Chapter 32)					
□ Post-9/11 GI Bill (Chapter 33)	$\mathbf{D}_{\mathbf{D}}_{\mathbf{D}_{\mathbf{D}_{\mathbf{D}_{\mathbf{D}}_{\mathbf{D}_{\mathbf{D}_{\mathbf{D}}_{\mathbf{D}_{\mathbf{D}_{\mathbf{D}}_{\mathbf{D}_{\mathbf{D}}}}}}}}}}$					
 Survivors' and Dependents' Educational Assista Montgomery GI Bill - Selected Reserve Program 						
(See the reverse for Information	on and Instructions for completing this form.)					
	TIFICATION INFORMATION					
1. NAME OF APPLICANT (First, Middle Initial, Last Name)						
2. MAILING ADDRESS OF APPLICANT (Number and street or rural ro	oute, city or P. O., State and ZIP Code) 3. EMAIL ADDRESS					
4. VA FILE NUMBER (For chapter 35, enter the veteran's file number. Be sure to include the suffix indicator).	e 5. TELEPHONE NUMBER (Include Area Code)					
	MOBILE					
	HOME					
	CATION INFORMATION					
A. HAVE YOU PREVIOUSLY APPLIED FOR VA EDUCATION BENI YES NO (If "No," you should complete an application for each	EFITS? lucation benefits as indicated in the "IMPORTANT" paragraph information above).					
PART II -	TEST INFORMATION					
7. NAME OF TEST (Use this application for one test only)	8. COMPLETE NAME AND MAILING ADDRESS OF ORGANIZATION					
	ISSUING LICENSE OR CERTIFICATION (Please specify who will issue the license or certification).					
9. DATE TEST TAKEN AND TEST RESULTS (See the Instructions for item for information and evidence you must specify or attach to this application) (If more space is needed, use Item 11 Remarks).	this					
10. COST OF TEST INCLUDING MANDATORY FEES (Please attach						
test fee receipt or submit the receipt with form) (If more space is needed use Item 11 Remarks).						
11. REMARKS						
I hereby authorize the release of my test information to the Departm	· · ·					
12. SIGNATURE OF APPLICANT	13. DATE SIGNED (MM/DD/YYYY)					
IMPORTANT: To apply for reimbursement of a licensing or certifi	cation test fee, please return this form to the VA office which handles your area.					
See the addresses on page 2 of this form. Include a copy of your tes						

INFORMATION

(The items that are considered self-explanatory are not included in these instructions)

ITEM 3. If you (or the veteran or service member) were previously assigned an 8-digit file number, enter this number.

ITEM 6. If you have not previously applied for VA education benefits, go to <u>www.benefits.va.gov/gibill/</u>, and click on "Apply for Benefits". See the top of this form for the education benefits that permit reimbursement of Licensing or Certification tests.

ITEM 7. Write the complete name of the test.

ITEM 8. Write the complete name and complete mailing address (including ZIP Code) of the organization issuing the license or certificate (not necessarily the organization that administered the test).

ITEM 9. Show the date you took the test and attach a copy of your test results. (If you do not have any test results but have a copy of your license or certification and a payment receipt for your test, attach these documents.) Reimbursement of the test fee can't be paid until this information is received. Please provide this information for the test you want to receive reimbursement.

ITEM 10. Enter the cost of the test you took, including any required fees. (We can only reimburse you for required test fees.) We have no authority to reimburse you for any optional costs related to the test process. Test fees that VA will reimburse include "registration fees," fees for specialized tests, and administrative fees such as a proctoring fee. Fees that VA has no authority to reimburse include fees to take pre-tests (such as Kaplan exams), fees to receive scores quickly, or other costs or fees for optional items that are not required to take an approved test.

ITEMS 12 and 13. Sign and date the form.

Additional Information: You may provide additional information that you think will help VA process your claim. Attach additional sheets of paper to this application if necessary. Additional information should be properly labeled (such as: Item 1, if the additional information supports Item 1 on the form).

MORE HELP: If you need help in completing this application, **call VA TOLL-FREE** at **1-888-GI-BILL-1** (**1-888-442-4551**). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is **711**. You can also get education assistance at our education Internet site: <u>https://www.va.gov</u>.

HOW TO FILE YOUR CLAIM: Send the completed application to the Regional Processing Office for your region. The addresses for your region are listed in the chart below.

				P.O. Bo Buffalo, NY						
			2	SERVES THE FOL	LOWING STATES	5				
CO	СТ	DC	DE	IA	IL	IN	KS	KY	MA	
MD	ME	MI	MN	МО	MT	NC	ND	NE	NH	
NJ	NY	ОН	PA	RI	SD	TN	VA	VT	WI	
WV	WY	APO / I	FPO AA	FOREIGN SCHOOLS			US VIRGIN ISLANDS			
					60x 8888 DK 74402-8888					
				SERVES THE FOI	LLOWING STATE	S				
	AL	AR	AZ	CA	FL	GA	н	ID	LA	
AK	NM	NV	ОК	OR	PR	SC	ТХ	UT	WA	
AK MS	INIVI		GUAM		PHILIPPINES		AMERICAN SAMOA		MARIANA ISLANDS	

training) as identified in the VA system of records, S8VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits (licensing and certification test reimbursement). While you do not have to respond, VA cannot reimburse you any licensing and certification test fees until we receive this information (38 U.S.C. 3452(b) and 3501(a)). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for reimbursement of licensing and certification test fees. We cannot pay you any education benefits for this reimbursement until we receive this information (38 U.S.C. 5101). We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-888-GI-BILL-1 (1-800-442-4551) to get information on where to send comments or suggestions about this form. If you are hearing impaired, call 1-888-829-4833.