

State of Florida
Department of Business and Professional Regulation
Military Veteran/Spouse Fee Waiver Request
Form # DBPR MVL 002

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Military Veteran/Spouse Fee Waiver Request	<input type="checkbox"/> Complete all portions of this application. <input type="checkbox"/> Provide a DD-214 or NGB-22. <input type="checkbox"/> Submit this form with your application for licensure.

Please mail your completed application and documentation to:

Department of Business and Professional Regulation
 2601 Blair Stone Rd
 Tallahassee, FL 32399

General Information

The initial license fee, initial application fee and initial unlicensed activity fee will be waived for veterans returning from service, or the spouse of a veteran at the time of discharge, provided the veteran or spouse applies for licensure within 60 months of being honorably discharged. This waiver does not include examination fees. This waiver request is subject to approval by the Department of Business and Professional Regulation.

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. Application Instructions (by Section)

a. Section I - Applicant Information

- i. Use this application if you are applying to waive your initial license fee, initial application fee and initial unlicensed activity fee.
- ii. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- iii. Provide the type of licensure you are applying for. This form should be submitted with your application for licensure.
- iv. Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.
- v. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

b. Section II - Military Veteran/Spouse Fee Waiver Requirements

- i. Select one option that correctly indicates your eligibility for the fee waiver.
- ii. **NOTE:** If both the veteran and spouse of the veteran are applying for licensure, you must each submit a separate fee waiver request form with your applications for licensure.

c. Section III – Affirmation by Written Declaration

- i. Applicant must sign the Affirmation by Written Declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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For additional information see the Instructions at the beginning of this application.

Section I – Applicant Information

PERSONAL INFORMATION			
Social Security Number*	License Applying For:		
Last/Surname	First	Middle	Suffix
Email Address:	Phone Number:		
Alternate Email Address:	Alternate Phone Number:		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code	
County (if Florida address)	Country		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section II – Military Veteran/Spouse Fee Waiver Requirements

FEE WAIVER REQUIREMENTS (Select one option below.)	
<input type="checkbox"/>	I have served in a branch of the United States Armed Forces, including National Guard units, and have been honorably discharged in the past 60 months prior to the date of application.
<input type="checkbox"/>	I am/was the spouse of a veteran (at the time of discharge) who has served in a branch of the United States Armed Forces, including National Guard units, and has been honorably discharged in the past 60 months prior to the date of application.
Name of Veteran Spouse: _____ Marriage Date: _____	

Section III – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature:	Date:
Print Name:	