

STATE OF ILLINOIS
DEPARTMENT OF VETERANS AFFAIRS
STATE APPROVING AGENCY

P.O. Box 19432
Springfield, IL 62794-9432
Title 38, U.S. Code

APPLICATION FOR LICENSING AND CERTIFICATION
TESTING FEE REIMBURSEMENT

First - Middle - Last Name of Applicant:

Social Security Number: VA File Number (if different):

Home Telephone Number: (Include area code)
Work Telephone Number: (Include area code)

Have you applied for VA Benefits before?

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 1-800-827-1000.

Name of Test: Date Test Taken:

Cost of Test: Name and Address of Organization Issuing License:

I hereby authorize the release of my test information to the Department of Veterans Affairs.

Date Signed: Signature Field:

Please return this form and a copy of your test results to:
Department of Veterans Affairs
P.O. Box 66830
St. Louis, MO 62166-6830