



**BUREAU FOR PRIVATE POSTSECONDARY  
AND VOCATIONAL EDUCATION**

Physical Address: 400 "R" Street, Suite 5000 • Sacramento, CA 95814-6200  
Mailing Address: P.O. Box 980818 • West Sacramento, CA 95798-0818  
Phone: (916) 445-3427 • FAX: (916) 323-3776



*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 <b>Dependents</b> 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 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.</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: <b>Department of Veterans Affairs, P.O. Box 8888, Muskogee, OK 74402-8888</b></p>	