

**FLORIDA DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF STATE APPROVING FOR VETERANS TRAINING**

PO Box 31003  
St Petersburg, FL 33731

***Application for Licensing and Certification Testing Fee Reimbursement***  
(Attach copies of exam cost receipt and exam results)

|   |  |
|---|--|
| First – Middle – Last Name of Applicant   | Social Security No.:<br><br>VA File No. (if different):<br>(For Proper Payment of Benefits, <b>Dependents</b> must use VA File No.)  |
| Mailing Address   | Home Telephone No. (Include Area Code)<br><br>Work Telephone No. (Include Area Code)   |
| Have you applied for VA Benefits before? Yes _____ No _____<br>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, you may call 1-800-827-1000. |  |
| Name of Test  | Name, Address and Facility Code of the Organization Issuing the License<br><br><b>American Welding Society<br/>8669 NW 36 St., #130<br/>Miami, FL 33166-6672<br/><br/>Facility Code: 4-6-0002-10</b> |
| Date Test Taken   | Cost of the Test   |
| I hereby authorize the release of my test information to the Department of Veterans Affairs.  |  |
| Date Signed   | Signature of Applicant (Do not Print)  |
| Please return this form and a copy of your test results and exam fee receipt to:<br><br><b>U.S. Department of Veterans Affairs<br/>Atlanta Regional Processing Office<br/>P.O. Box 100027<br/>Decatur, GA 30031-7027</b>                                |  |