# Military Applicant Fee Waiver Request Form

**Applicant Name:**

Please print your full name as it will appear on your application.

**Applicant Address:**


**Applicant Email:**

SSN# ____________________ DOB __________

**Application Type:**

- [ ] Physician
  - Indicate Physician License Type Below:
    - [ ] Full (M.D. or D.O.)
    - [ ] Out of State Telemedicine License
    - [ ] Administrative Medicine
    - [ ] Faculty Temporary (FTL)
    - [ ] Physician in Training (PIT)
    - [ ] Provisional License
    - [ ] Physician Public Health
    - [ ] Medical License Limited to Underserved Areas
    - [ ] Conceded Eminence
    - [ ] Visiting Physician Temporary Permit
    - [ ] Visiting Professor Temporary Permit
    - [ ] Military Limited Volunteer

- [ ] Physician Assistant
- [ ] Respiratory Care Practitioner
- [ ] Perfusionist
- [ ] Acudetox Specialist
- [ ] Non-certified Radiologic Technician (NCT)
- [ ] Medical Physicist
- [ ] Acupuncturist
- [ ] Medical Radiologic Tech (MRT)
- [ ] Surgical Assistant

Please check the appropriate box below:

I am a:

- [ ] Military Service Member (Active Duty)
- [ ] Military Spouse
- [ ] Military Veteran

**Documentation provided:** *(Please provide copies of documentation, no originals)*

- [ ] Copy of passport or birth certificate, which is acceptable as required birth documentation after submission of an application for licensure with our agency; or
- [ ] Copy of State Issued Driver’s License, which can ONLY be used as proof of identity for Military Fee Waiver determination

And:

- [ ] DD2-14; or
- [ ] Copy of current original orders, including signature page(s)

Upon receipt of your request with noted documentation, the Licensure Department will evaluate the documentation and provide either a written approval which includes instructions on how to apply or a statement as to why the waiver request is being denied.

**Signature** *(Required):* ____________________ **Signature** ____________________ **Date** ____________

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Location Address: 333 Guadalupe, Tower 3, Suite 610  
Mailing Address: P.O. Box 2029  
Phone 512.305.7030  
3 Austin, Texas 78701  
Fax 512.463-9416  
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Phone 512.305.7030  
3 Austin, Texas 78701  
Fax 512.463-9416  
www.tmb.state.tx.us  
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