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 ____________

Location Address: 333 Guadalupe, Tower 3, Suite 610
Mailing Address: P.O. Box 2029
Austin, Texas 78701 Austin, Texas 78768-2029
Phone 512.305.7030 Fax 888-790-0621
www.tmb.state.tx.us