



# TEXAS MEDICAL BOARD

## 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:**

<input type="checkbox"/> Physician	<i>Indicate Physician License Type Below:</i>	
<input type="checkbox"/> Full (M.D. or D.O.), Administrative Medicine, Conceded Eminence, or Physician Public Health		
<input type="checkbox"/> Faculty Temporary (FTL)	<input type="checkbox"/> Physician in Training (PIT)	<input type="checkbox"/> Provisional License
<input type="checkbox"/> Visiting Professor Temporary Permit	<input type="checkbox"/> Medical License Limited to Underserved Areas	
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Respiratory Care Practitioner	<input type="checkbox"/> Perfusionist
<input type="checkbox"/> Acudetox Specialist	<input type="checkbox"/> Non-certified Radiologic Technician (NCR)	<input type="checkbox"/> Medical Physicist
<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Medical Radiologic Tech (MRT)	<input type="checkbox"/> 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.

Please note that Texas Occupations Code Sec. 55.009 is subject only to the application fee. Waivers or refunds cannot be granted outside of the application fee, and other surcharges and fees assessed at the time of application are non-refundable. Please note some fees are mandated by statute. Texas Occupations Code Sec. 55.009 additionally does not apply to the initial registration and subsequent renewals of issued licenses.

**Signature (Required):** \_\_\_\_\_

\_\_\_\_\_ **Date**

**Location Address:**  
1800 Congress Ave, Suite 9-200  
Austin, Texas 78701

**Mailing Address:**  
P.O. Box 2029  
Austin, Texas 78768-2029

**Phone 512.305.7030**  
**Fax 888.790.0621**  
**Licensure Fax 888.550.7516**