



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:

☐ Physician	Indicate Physician License Type Below:	
☐ Faculty Temporary (FTL)	☐ Physician in Training (PIT)	☐ Provisional License
☐ Physician Assistant	☐ Respiratory Care Practitioner	☐ Perfusionist
☐ Acudetox Specialist	☐ Non-certified Radiologic Technician (NCR)	☐ 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.

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

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