



U.S. Department
of Veterans Affairs

OMB Approved No. 2900-0695
Respondent Burden: 15 Minutes
Expiration Date: 1/31/2028

REQUEST FOR REIMBURSEMENT OF LICENSING OR CERTIFICATION TEST FEES

(See Information and Instructions on page 2 before completing this form)

IMPORTANT: Complete this form to request reimbursement of licensing or certification test fees. If you have not already done so, you must apply separately and be found eligible for the VA education benefit under which you wish to receive reimbursement. You may submit an application for VA Education benefits on-line at <https://www.va.gov/education/how-to-apply/>

Select the education benefit under which you are requesting test fee reimbursement:

- Post-9/11 GI Bill Including Transfer of Entitlement and Fry Scholarship recipients (Chapter 33)
- Survivors' and Dependents' Educational Assistance Program (DEA) (Chapter 35)
- Montgomery GI Bill - Active Duty Educational Assistance Program (MGIB) (Chapter 30)
- Montgomery GI Bill - Selected Reserve Program (MGIB-SR) (Chapter 1606)

PART I - IDENTIFICATION INFORMATION

1. NAME OF APPLICANT (First, Middle Initial, Last Name)

2. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P. O., State and ZIP Code)

3. VA FILE NUMBER (For chapter 35, enter the veteran's file number and your Payee Number).

4. EMAIL ADDRESS

5. TELEPHONE NUMBER (Include Area Code)

MOBILE
HOME

PART II - VA EDUCATION INFORMATION

6. HAVE YOU PREVIOUSLY APPLIED FOR VA EDUCATION BENEFITS?

- YES NO (If "No," you must complete an application for education benefits as indicated in the "IMPORTANT" paragraph information above).

PART III - TEST INFORMATION (Specify each item for this test)

7. NAME OF TEST (Use this application for one test only)

8. COMPLETE NAME AND MAILING ADDRESS OF ORGANIZATION ISSUING LICENSE OR CERTIFICATION (Please specify who will issue the license or certification).

9. DATE TEST TAKEN AND TEST RESULTS (You must submit your test results with this form) (See the Instructions for Item 9).

10. TOTAL COST OF TEST INCLUDING MANDATORY FEES (You must submit a payment receipt with this form) (See the Instructions for item 10).

11. REMARKS

PART IV - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT the information above is true and correct to the best of my knowledge and belief.

PENALTY - Willfully false statements as to a material fact in a claim for education benefits payable by VA may result in a fine, imprisonment, or both.

12. SIGNATURE OF APPLICANT

13. DATE SIGNED (MM/DD/YYYY)

IMPORTANT: To apply for reimbursement of a licensing or certification test fee, please return this form to the VA office which handles your area (see HOW TO FILE YOUR CLAIM on page 2 of this form). You must include a copy of your test results and receipt for proof of payment amount. Please visit <https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/licensing-and-certification-tests/> for more information.

INFORMATION AND INSTRUCTIONS

(The items that are considered self-explanatory are not included in these instructions)

ITEM 3. Your VA FILE NUMBER is the number that appears on your VA benefit payments and all mail that we've sent you. Generally, your VA FILE NUMBER is your social security number. For chapter 35, it is the VA FILE NUMBER of the qualifying individual on whose account you are receiving benefits and will include your PAYEE NUMBER (LETTER OR 2-DIGIT NUMBER) indicating your relationship to the qualifying individual.

ITEM 6. If you have not previously applied for VA education benefits, you must do so in order for VA to determine your eligibility for education assistance. You may apply online at <https://www.va.gov/education/how-to-apply/>.

ITEM 7. Write the complete name of the test.

ITEM 8. Write the complete name and complete mailing address (including ZIP Code) of the organization issuing the license or certificate (not necessarily the organization that administered the test).

ITEM 9. Show the date you took the test and attach a copy of your test results. (If you do not have any test results but have a copy of your license or certification and a payment receipt for your test, attach these documents.) Reimbursement of the test fee can't be paid until this information is received. Please provide this information for the test you want to receive reimbursement.

ITEM 10. Enter the cost of the test you took, including any required fees. (We can only reimburse you for required test fees.) We have no authority to reimburse you for any optional costs related to the test process. Test fees that VA will reimburse include "registration fees," fees for specialized tests, and administrative fees such as a proctoring fee. Fees that VA has no authority to reimburse include fees to take pre-tests, fees to receive scores quickly, or other costs or fees for optional items that are not required to take an approved test.

ITEMS 11. Use the space in this item to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to other item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and VA file number on each additional page.

ITEMS 12 and 13. Sign and date the form.

MORE HELP: If you need help in completing this application, call VA TOLL-FREE at **1-888-GI-BILL-1 (1-888-442-4551)**. If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is **711**. You can also get education assistance at our education Internet site: <https://www.va.gov>.

HOW TO FILE YOUR CLAIM: You can upload this form and the required attachments using QuickSubmit on AccessVA at <https://eauth.va.gov/accessva/?espSelectFor=quickssubmit> or mail the required documents to the Regional Processing Office in the region of your home address, as shown below.

Eastern Region:

VA Regional Office

P.O. Box 4616

Buffalo, NY 14240-4616

SERVES THE FOLLOWING STATES

CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO / FPO AA		FOREIGN SCHOOLS			US VIRGIN ISLANDS		

Western Region:

VA Regional Office

P.O. Box 8888

Muskogee, OK 74402-8888

SERVES THE FOLLOWING STATES

AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA
APO / FPO AP		GUAM		PHILIPPINES			AMERICAN SAMOA		MARIANA ISLANDS

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) VA obtains further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits (licensing and certification test reimbursement). While you do not have to respond, VA cannot reimburse you any licensing and certification test fees until we receive this information (38 U.S.C. 3452(b) and 3501(a)). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0695, and it expires 1/31/2028. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0695 in any correspondence. Do not send your completed VA Form 22-0803 to this email address.