

Application for Licensing and Certification Testing Fee Reimbursement (LACAS I)

Name of Applicant First Middle Last	Social Security No.: VA File No. (if different): (For proper payment of benefits, Dependents must use VA File No.)
Mailing Address	Home Telephone Number (include Area Code) Work Telephone Number (include Area Code)
Have you applied for VA Benefits before? ___ Yes ___ No If No , please also complete VA Form 22-1990 (Veteran) or VA Form 22-5490 (Dependent) and submit it with this application. To request a copy of either form, call 1 (888) 442-4551 .	
Name of Test Date Test Taken Cost of Test	Name and Address of Organization Issuing License
I hereby authorize the release of my test information to the Department of Veterans Affairs	
Date Signed	Signature of Applicant (DO NOT PRINT)
<p style="text-align: center;">Please return this form and a copy of your test results to:</p> <p style="text-align: center;">Department of Veterans Affairs VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888</p>	