



Military Applicant Fee Waiver Request Form

Applicant Name: _____

Please print your full name as it will appear on your application

Applicant Address: _____

Please provide your mailing address as it will appear on your application

Application Type:

☐ Exam

☐ Reciprocal

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 military ID, passport, or birth certificate

And:

☐ DD-214; ***or***

☐ Copy of current original orders, including signature page(s).

Upon receipt of your request with above noted documentation, the Registration Department will evaluate the documentation and provide a response, which can include approval, a request for additional information, or a statement as to why the waiver request is being denied.

Signature (Required): _____

Date: _____

Texas Board of Architectural Examiners

Mailing: P.O. Box 12337 • Austin, TX 78711-2337

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