



Department of Health Military Veteran Fee Waiver Request

Submit all the items on the checklist below with your request for fee waiver.

Application Checklist

- Complete Licensure Application
- DD-214 or NGB-22
- Complete Waiver Request

Mail your complete application for licensure, Waiver request, and any required fee(s) to:

Department of Health
P.O. Box 6330
Tallahassee, FL 32314-6330

General Information:

To qualify for this waiver you must be a military veteran who was honorably discharged within 24 months of submitting this application.

Applicants approved for this waiver will have the initial license fee, initial application fee and unlicensed activity fee waived. The waiver may not waive all fees for an application. The fees that may be required to be paid will vary depending on the profession for which you are applying. The waiver does not waive examination fees.



Department of Health
Military Veteran Fee Waiver Request

Personal Information:		
Last/Surname	First	Middle
License Applying for:	Phone Number:	Email Address:
Mailing Address:		
City	State	Zip Code

Fee Waiver Requirements:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you served in a branch of the United States Armed Forces (including National Guard)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been honorably discharged in the past 24 months?
_____	Date of discharge from a branch of the United States Armed Forces?
MM/YYYY	

Signature:	
Signature:	Date: