## West Virginia Board of Dentistry PO Box 1447, Crab Orchard, WV 25827 (304) 252-8266

## Military Member/Veteran/Spouse Fee Waiver Request with Military Service Verification

☐ I am a Military Member/Veteran	n □ I am the Spouse of a Military Member/Veteran		
Applicant's Name:	Date of Birth:		
Address:			
Street	City	State	Zip
The following documents are required for Miliary Seapply to your application.	ervice Verification.	You will need to up	bload all that
Military Member/Veteran (check all that apply)	Military S	Spouse (check all tha	at apply)
<ul> <li>□ DD-214 (Certificate of Release from Active Duty)</li> <li>□ NGB-22 (Discharge showing Honorable Discharge)</li> <li>□ Copy of Military Orders (Active Duty)</li> <li>□ Other</li> </ul>	Duty) □ NGB-22 □ Discharge) □ Copy of Mi □ DD-1300 ( □ Marriage C	ilitary Orders (Active Report of Casualty)	ng Honorable Duty)
Affirmation by Written Declaration			
I understand that I am to personally complete this completeness of the information provided. I have cat By signing this wavier, I certify that the information correct to the best of my knowledge and belief. I use licensure fee if based on the truth and accuracy of that the information provided herewith is subject of Dentistry.	arefully read and ur provided in connect anderstand that any he information pro-	nderstood all instruction therewith is convicted determination of working vided herewith. I fur	ions in the form.  nplete, true, and aiving the initial ther understand

Date

Applicant's Signature