



**APPLICATION FOR LICENSING & CERTIFICATION APPROVAL SYSTEM (LACAS)
 TESTING FEE REIMBURSEMENT (SAA)**

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Name of Applicant (First - Middle - Last) _____ _____ _____ _____	Social Security No. _____ VA File No. (if different): _____ Dependents must use VA File No. for proper payment of benefits
Mailing Address _____ _____ _____ _____	Home Telephone No. (include area code) _____ Work Telephone No. (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, you may call 1-800-827-1000.

Name of Test _____ _____ _____ _____ _____	Name and Address of the Organization Issuing the License _____ _____ _____ _____
Date Test Taken _____	Cost of the Test _____

I hereby authorize the release of my test information to the Department of Veterans Affairs.

 Signature of Applicant

 Date

Please return this form and a copy of your test results and exam fee receipt to:

**U.S. Department of Veterans Affairs
 St. Louis Regional Processing Office
 P.O. Box 66830
 St. Louis, MO 63166-6830**