



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MILITARY SERVICE MEMBER, MILITARY VETERAN, OR MILITARY SPOUSE SUPPLEMENTAL APPLICATION INSTRUCTIONS

Submit this supplemental application **AS AN ATTACHMENT TO YOUR LICENSE APPLICATION** if you are a military service member, a military veteran, or spouse of a military member that is serving on active duty as a member of the Armed Forces of the United States, in a reserve component of the armed forces of the United States, or are in the state military service of any state and you want to have education and/or examination requirements for this license waived.

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink.

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name).
2. TYPE OF LICENSE FOR WHICH YOU ARE APPLYING – Write the license type you are applying for such as Cosmetology Operator, Class A Barber, Journeyman Electrician, etc.
3. SOCIAL SECURITY NUMBER (SSN) – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
4. DAYTIME PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
5. BUSINESS EMAIL ADDRESS – Write your business email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I provide on this application will be available to the public.
6. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip code plus-4 to help the postal service deliver mail more efficiently and accurately.
7. ELIGIBILITY REQUIREMENTS – Please check the box indicating whether you are a military service member (active duty), a military veteran, or the spouse of an active duty military service member.
8. CONFIDENTIALITY OF INFORMATION – Please check the box indicating whether you choose to restrict public access to information that relates to your home address, telephone number, emergency contact, date of birth, social security number, and family members.
9. LICENSING REQUIREMENTS – MILITARY SERVICE MEMBERS AND MILITARY VETERANS USING MILITARY EXPERIENCE This licensing option is for a military service member or military veteran who wants to receive credit for verified military experience, service, training, or education applicable towards meeting the licensing requirements (except examination requirements) for a specific license issued by the Department. TDLR credits certain verified military experience, service, training, and education towards a license in one of these TDLR programs: Air Conditioning and Refrigeration Contractor, Barbers, Electricians, Polygraph Examiners, Registered Accessibility Specialists and Water Well Drillers and Pump Installers. Please visit the agency web page,

Information for Military Service Members, Veterans and Spouses at

<https://www.tdlr.texas.gov/military.htm#mos> for a current list of Military Occupational Specialty (MOS) codes. The initial application fee is only waived for the following license types:

- Air Conditioning and Refrigeration (ACR Contractor and ACR Certified Technician)
- Barber (Class A Barber)
- Electrician
- Elimination of Architectural Barriers (Registered Accessibility Specialist)
- Polygraph Examiner
- Water Well Drillers and Pump Installers (Well Driller and Pump Installer)

An applicant using this option still must meet all of the prerequisites and pass all required examinations to obtain the license.

Check the box in this section if you want to use this license option.

Please attach the following required documentation:

- The completed license application and any supporting documents for the specific license type for which you are applying.
- Proof of military status: A copy of the appropriate documentation of military status, activity duty orders, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).
- Copy of the military orders or documents showing the type and amount of related military experience, service, training, or education applicable to a specific license.
Examples: Verification of Military Experience and Training form (VMET-2586), military transcripts, training records, evaluation reports, or a letter from your commanding officer describing your relevant duties and training.

10. LICENSING REQUIREMENTS – MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES OF ACTIVE DUTY MILITARY SERVICE MEMBERS (Initial Application Fee is Waived.)

This licensing option is for a military service member, military veteran or military spouse who holds a current license issued by another jurisdiction that has licensing requirements that are substantially equivalent to the Texas licensing requirements.

The military member must be serving on active duty in order for the military spouse to be eligible under this option.

Check the box in this section if you want to use this license option.

Please attach the following required documentation:

- The completed license application and any supporting documents for the specific license type for which you are applying.
- Proof of military status (**military service member and military veteran only**): A copy of the appropriate documentation of military status, active duty order, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).
- Proof of your spouse's active duty military status (**military spouse only**): A copy of the appropriate documentation of military status, activity duty order, or Permanent Change of Station (PCS) orders.
- Proof of marital status (**spouse only**): A copy of the Defense Enrollment Eligibility Report System (DEERS) verification (DD 1172), the service member's most recent Permanent Change of Station (PCS) orders, or other supporting documentation of marital status.
- Copy of the applicant's current occupational license from another jurisdiction. The Department will determine if the licensing requirements of the other jurisdiction are substantially equivalent to those in Texas.

11. ADDITIONAL LICENSING OPTIONS – MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES OF ACTIVE DUTY MILITARY SERVICE MEMBERS (Initial Application Fee is not Waived.)

A. Previously-Held Texas License.

This licensing option is for a military service member, military veteran or military spouse who held the same license in Texas in the last five years.

The military member must be serving on active duty in order for the military spouse to be eligible under this option. Check the box in this section if you want to use this license option.

Please attach the following required documentation:

- The completed license application and any supporting documents for the specific license type for which you are applying.
- Proof of military status (**military service member and military veteran only**): A copy of the appropriate documentation of military status, active duty order, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).

- Proof of your spouse's active duty military status (**military spouse only**): A copy of the appropriate documentation of military status, activity duty order, or Permanent Change of Station (PCS) orders.
- Proof of marital status (**military spouse only**): A copy of the Defense Enrollment Eligibility Report System (DEERS) verification (DD 1172), the spouse's most recent Permanent Change of Station (PCS) orders, or other documentation of proof of marital status.

The applicant who qualifies for a license under this option is not required to take and pass any applicable examination required for obtaining the specific license.

An applicant under this option **must pay the license application fees** associated with obtaining the specific license.

B. Demonstration of Competency by Alternative Methods.

This licensing option is for a military service member, military veteran or military spouse who can demonstrate competency by alternative methods in order to meet the requirements for obtaining a specific license issued by the Department.

The military member must be serving on active duty in order for the military spouse to be eligible under this option. Check the box in this section if you want to use this license option. The Department will evaluate applications on a case-by-case basis.

Please attach the following required documentation:

- The completed license application and any supporting documents for the specific license type for which you are applying.
- Proof of military status (**military service member and military veteran only**): A copy of the appropriate documentation of military status, active duty orders, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).
- Proof of your spouse's active duty military status (**military spouse only**): A copy of the appropriate documentation of military status, activity duty order, or Permanent Change of Station (PCS) orders.
- Proof of marital status (**military spouse only**): A copy of the Defense Enrollment Eligibility Report System (DEERS) verification (DD 1172), the spouse's most recent Permanent Change of Station (PCS) orders, or other supporting documentation of marital status.
- Documents and information showing proof of competency:
 - ◇ education;
 - ◇ continuing education;
 - ◇ examinations (written and/or practical)
 - ◇ letters of good standing;
 - ◇ letters of recommendation;
 - ◇ work experience; or
 - ◇ any relevant information required by the executive director.

An applicant under this option **must pay the license application fees** associated with obtaining the specific license.

12. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application. By signing this application, you certify that all of the information you have provided is true and accurate.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via web form. The webform will allow you to submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help>. You may also reach us at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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MILITARY SERVICE MEMBER, MILITARY VETERAN OR MILITARY SPOUSE SUPPLEMENTAL APPLICATION

**EXPEDITE PROCESSING
MUST BE ATTACHED TO FRONT OF THE LICENSE APPLICATION**

1. Name: _____
Last, First, Middle, Suffix: (Jr, Sr, III)

2. Type of License for which you are applying: _____
(ex: Barber, Cosmetology, Electrician, Air Conditioning Technician, etc.)

3. Social Security Number: _____
(See instruction sheet for disclosure information)

4. Daytime Phone Number: _____
Area Code and Phone Number

5. Business Email Address: _____
(ex: johndoe@mybusinessemail.com) See Instruction sheet for disclosure information

6. Mailing Address: _____
Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____

7. I am a: Military Service Member Military Veteran Military Spouse (check the appropriate box)

8. I choose to restrict public access to my personal information: Yes No

**9. MILITARY SERVICE MEMBERS OR MILITARY VETERANS
(FEES WAIVED FOR THE INITIAL APPLICATION IF THE REQUIREMENTS ARE MET)**

I want to receive credit for verified military experience, service, training, or education applicable towards meeting the licensing requirements (except examination requirements) for a specific license issued by the Department (**refer to instructions for MOS description**).

Please attach the following required documentation:

- The completed **LICENSE APPLICATION** and supporting documents.
- Proof of military status: A copy of the appropriate documentation of military status, active duty order, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).
- Verifiable proof of your experience, training or education; Verification of Military Experience and Training form (VMET-2586), military transcripts, training records, evaluation reports or a letter from your commanding officer describing your relevant duties and training.
- **Initial Application Fee is Only Waived for These License Types**

Programs	License Types
Air Conditioning and Refrigeration	ACR Contractor and ACR Certified Technician
Electrician	Master Electrician, Journeyman Electrician, Journeyman Lineman, Maintenance Electrician and Residential Wiremen
Barber	Class A Barber
Elimination of Architectural Barriers	Registered Accessibility Specialist
Polygraph Examiner	Polygraph Examiner
Water Well Drillers and Pump Installers	Well Driller and Pump Installer

10. MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSE
(FEES WAIVED FOR THE INITIAL APPLICATION IF THE REQUIREMENTS UNDER THIS OPTION ARE MET)

I hold a current license issued by another jurisdiction that has licensing requirements that are substantially equivalent to the Texas license requirements.

Please attach the following required documentation;

- The completed license application and supporting documents.
- Proof of military status (military service members and military veterans only): A copy of the appropriate documentation of military status, active duty order, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).
- Proof of your spouse's active duty military status (**military spouses only**): A copy of the appropriate documentation of military status, activity duty order, or Permanent Change of Station (PCS) orders.
- Proof of marital status (**military spouses only**): A copy of the Defense Enrollment Eligibility Report System (DEERS) verification (DD 1172), the spouse's most recent Permanent Change of Station (PCS) orders, or other supporting documentation of marital status.
- A copy of your current occupational license from another jurisdiction.

11. ADDITIONAL LICENSING OPTIONS FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES
(THE INITIAL LICENSE APPLICATION FEE IS REQUIRED FOR THESE OPTIONS)

A. Previously-Held Texas License: I held the same license in Texas in the last five years.

Please attach the following required documentation;

- The completed license application with the required fees and supporting documents.
- Proof of military status (**military service members and military veterans only**): A copy of the appropriate documentation of military status, active duty order, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).
- Proof of your spouse's active duty military status (**military spouses only**): A copy of the appropriate documentation of military status, activity duty order, or Permanent Change of Station (PCS) orders.
- Proof of marital status (**military spouses only**): A copy of the Defense Enrollment Eligibility Report System (DEERS) verification (DD 1172), the spouse's most recent Permanent Change of Station (PCS) orders, or other supporting documentation of marital status.

B. I can demonstrate competency by alternative methods.

Please attach the following required documentation;

- The completed license application with the required fees and supporting documents.
- Proof of military status (**military service members and military veterans only**): A copy of the appropriate documentation of military status, active duty order, Permanent Change of Station (PCS) orders, or a copy of the Certificate of Release or Discharge from Active Duty (DD-214).
- Proof of your spouse's active duty military status (**military spouses only**): A copy of the appropriate documentation of military status, activity duty order, or Permanent Change of Station (PCS) orders.
- Proof of marital status (**military spouses only**): A copy of the Defense Enrollment Eligibility Report System (DEERS) verification (DD 1172), the spouse's most recent Permanent Change of Station (PCS) orders, or other supporting documentation of marital status.
- Documents demonstrating competency through education, continuing education, examinations written or practical, letters of good standing, letters of recommendation, work experience or any relevant information required by the executive director.

12. I CERTIFY THAT I WILL COMPLY WITH ALL APPLICABLE LAWS AND RULES RELATED TO MY LICENSED OCCUPATION OR PROFESSION. I FURTHER CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN DENIAL OF THIS APPLICATION AND/OR REVOCATION OF THE LICENSE.

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Date Signed

Applicant Signature