



### MILITARY AFFIDAVIT

APPLICANT INFORMATION			
<input type="checkbox"/> VETERAN <input type="checkbox"/> ACTIVE DUTY MILITARY <input type="checkbox"/> SPOUSE OR DOMESTIC PARTNER OF ACTIVE DUTY MILITARY			
LAST NAME		FIRST NAME	
ADDRESS		CITY	STATE
PHONE NUMBER (      )		EMAIL ADDRESS (optional)	
FORMER NAME ON LICENSE (if applicable)		LICENSE(S) APPLYING FOR	
APPLICANT REQUESTS:			
<input type="checkbox"/>	I served as an active duty member of the Armed Forces of the United States and was honorably discharged. I am submitting an application for licensure and request my application be expedited pursuant to Business and Professions Code section 115.4.  Documentation Required: ✓ Proof of honorable discharge		
<input type="checkbox"/>	I served in the Armed Forces of the United States and have education, training, and/or experience which I believe is transferable towards licensure requirements. I am submitting an application for licensure and request the Bureau consider my military education, training, and/or experience pursuant to Business and Professions Code section 35.  Documentation Required: ✓ Written statement outlining the education, training, and/or experience you have that meets licensure requirements with specific dates and details		
<input type="checkbox"/>	I possess a current and valid license with the Bureau and have been called to active duty as a member of the United States Armed Forces or the California National Guard. I request that my renewal fees be waived while I am on active duty pursuant to Business and Professions Code section 114.3.  Documentation Required: ✓ Copy of documentation that substantiates dates you will be on active duty ✓ Copy of license(s) you hold and want waived  Note: You are prohibited from engaging in any activities requiring a license while this waiver is in effect. You must notify the Bureau of your discharge from active duty within 60 days of receiving your notice of discharge.		
<input type="checkbox"/>	I am married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. I am submitting an application for licensure and request my application be expedited and to waive the licensure application fee and the initial or original license fee charged pursuant to Business and Professions Code section 115.5.  Documentation Required: ✓ Copy of your marriage certificate or certified declaration/registration of domestic partnership ✓ Copy of documentation that substantiates assignment of duty station in California ✓ Copy of the current license you hold in another state, district, or territory of the United States		
CERTIFICATION OF APPLICANT			
I certify under penalty of perjury, under the laws of the State of California, that all information provided on this form is true and correct.			
SIGNATURE _____		DATE _____	