



**FBPE**

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FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

2639 North Monroe Street, Suite B-112  
Tallahassee, Florida 32303

**Members of the Armed Forces/  
Spouse Fee Waiver and Military  
Service Verification**

**Florida Board of Professional Engineers  
Members of the Armed Forces/Spouse Fee Waiver and Military Service Verification  
Form # FBPE/MVL 002**

**General Information**

**Military Veteran/Spouse Full Fee Waiver Request – Within 60 Months of Honorable Discharge**

This form may be used by veterans returning from service, or the spouse of a veteran, to request a waiver of fees. The initial license fee, initial application fee and initial unlicensed activity fee will be waived for veterans returning from service, or the spouse of a veteran at the time of discharge, provided the veteran or spouse applies for licensure within 60 months of being honorably discharged. This waiver does not include examination fees. This waiver request is subject to approval by the Florida Board of Professional Engineers. **This form should be attached to your application for licensure.**

**Members of the Armed Forces/Veteran/Spouse Licensing Fee Waiver Request**

This form may be used by any individual that is currently serving, or has formerly served, as an active duty member of the Armed Forces of the United States, or a spouse or surviving spouse of such member who was married to the member during a period of active duty, to request a waiver of the initial licensure fee. This waiver only applies to the licensing fee; other fees including application and unlicensed activity fees are still due at time of application. This waiver request is subject to approval by the Florida Board of Professional Engineers. **This form should be attached to your application for licensure.**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION	APPLICATION REQUIREMENTS
<b>Members of the Armed Forces/ Spouse Full Fee Waiver Request</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete all portions of this application.</li> <li><input type="checkbox"/> Provide a DD-214 or NGB-22 showing an honorable discharge within 60 months of application date.</li> <li><input type="checkbox"/> Submit this form with your application for licensure.</li> <li><input type="checkbox"/> Spouses must also provide a copy of your marriage certificate to the military service member.</li> </ul>
<b>Members of the Armed Forces/ Veteran/Spouse/Surviving Spouse Licensing Fee Waiver Request</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete all portions of this application.</li> <li><input type="checkbox"/> Provide a DD-214, NGB-22, DD-1300 or copy of military orders.</li> <li><input type="checkbox"/> Submit this form with your application for licensure.</li> <li><input type="checkbox"/> Spouses and Surviving Spouses must also provide a copy of your marriage certificate to the military service member.</li> </ul>
<b>Military Service Experience Verification</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete all portions of this application.</li> <li><input type="checkbox"/> Provide a DD-214 or NGB-22 showing an honorable discharge.</li> <li><input type="checkbox"/> Submit this form with your application for licensure.</li> </ul>

**Please mail your completed application and documentation to:**

Florida Board of Professional  
Engineers 2639 N. Monroe St. STE.  
B112  
Tallahassee, FL 32303

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the Florida Board of Professional Engineers, at 850.521.0500.*

**1. Application Instructions (by Section)****a. Section I – Applicant Information.**

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license with the Florida Board of Professional Engineers.
- ii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials.
- iii. Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.

Note that all email addresses are public records pursuant to F.S. Chapter 119.011(12).

- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

**b. Section II – Fee Waiver Requirements**

- i. Select one option that correctly indicates your eligibility for the fee waiver. Submit the supporting documentation requested in the option selected.
- ii. **NOTE:** If both the military member/veteran and spouse are applying for licensure, you must each submit a separate fee waiver request form with your applications for licensure.

**c. Section IV – Affirmation by Written Declaration**

- i. Applicant must sign the Affirmation by Written Declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

	<b>APPLICATION FOR MEMBERS OF THE ARMED FORCES/SPOUSE FEE WAIVER AND MILITARY SERVICE VERIFICATION</b>	
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### Section I – Applicant Information

PERSONAL INFORMATION			
Social Security Number*		License Applying For:	
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address: Do you wish to receive correspondence via email? Yes No All email addresses are public records pursuant to F.S. Chapter 119.011(12).		Phone Number:	
Alternate Email Address:		Alternate Phone Number:	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code
County (if Florida address)		Country	

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Florida Board of Professional Engineers pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Florida Board of Professional Engineers to identify licensees for tax administration purposes.

### Section II – Fee Waiver Requirements

FEE WAIVER REQUIREMENTS (Select one option below.)	
<input type="checkbox"/>	I have served in a branch of the United States Armed Forces, including National Guard units, and have been <b>honorably discharged in the past 60 months</b> prior to the date of application. Submit a copy of your DD-214 or NGB-22.
<input type="checkbox"/>	I am/was the spouse of a veteran (at the time of discharge) who has served in a branch of the United States Armed Forces, including National Guard units, and has been <b>honorably discharged in the past 60 months</b> prior to the date of application. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's DD-214 or NGB-22.
<input type="checkbox"/>	I am currently serving on active duty in a branch of the United States Armed Forces. Submit a copy of your military orders.
<input type="checkbox"/>	I have served on active duty in a branch of the United States Armed Forces. Submit a copy of your DD-214 or NGB-22.
<input type="checkbox"/>	I am the spouse/surviving spouse of a member of the United States Armed Forces who was married to the member during a period of active duty. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's military orders, DD-214, NGB-22 or DD-1300.

**Section III – Affirmation by Written Declaration****AFFIRMATION BY WRITTEN DECLARATION**

Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Signature:

Date:

Print Name: