

MILITARY SPOUSE/DOMESTIC PARTNER FEE WAIVER AND EXPEDITE REQUEST

➔ **Attach completed form to TOP of application with required documentation**
Print on colored paper if possible

Applicant Name: _____ BBS ID# (if known): _____

Licensing Program (mark one): LCSW LEP LMFT LPCC

Application Type* (mark one):

- Application for Associate Registration (\$150 fee waiver)
- Application for Licensure (\$250 fee waiver)
- Application for Initial License Issuance (\$200 fee waiver)

* If you are submitting an application to take an exam or a request for testing accommodations, use this [expedite form](#) instead (access at www.bbs.ca.gov>Applicant>(license type)>Forms).

IMPORTANT:

- ➔ Fee waivers are **ONLY** available the types of applications listed above.
- ➔ If you are applying for licensure and need to take an exam, you must pay the exam fee specified in the application.
- ➔ You must meet **ALL** of the qualifications listed below and on the next page to receive a fee waiver and expedite.
- ➔ You must also attach this completed form to the **TOP** of your application with **ALL** of the documentation listed below and on the next page.

Please note that the greatest obstacle to an efficient licensing process is submission of an incomplete application.

- 1. Attach evidence (as described below) that you are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the U.S. who is officially assigned to a duty station in California.**

Attach a copy of your marriage certificate or certified declaration or registration of domestic partnership from the Secretary of State.

For other forms of legal union not recognized by California, submit documentation issued by the state that recognizes your legal union.

(continued on next page)

2. Attach evidence that your spouse or partner has been assigned to a duty station in California under official active duty military orders.

For example, attach a copy of your spouse or partner's military orders.

3. Complete the information below and attach evidence that you hold a current license or registration in another state, district, or territory of the United States in the same profession for which you seek licensure or registration from the Board of Behavioral Sciences.

For example, attach a copy of your current license or registration.

State Where Licensed or Registered: _____

License Type: _____

License Number: _____

NOTE: Knowingly making a false statement of fact that is required to be revealed may be grounds for denial of your application.

Signature of Applicant: _____ Date: _____

Fee waivers and application expedites for military spouses and partners are provided in accordance with California Business and Professions Code section 115.5.