



**Application for Military Spouse Initial Licensure Fee Waiver**

**FOLLOWING COMPLETION, RETURN THIS FORM, ALONG WITH ALL  
REQUIRED DOCUMENTATION, TO:**

**Email:** [militarywaiver@abn.alabama.gov](mailto:militarywaiver@abn.alabama.gov)

Name:

Address:

Telephone:

Email Address:

Social Security Number:

Licensure Information			
Type of License (Check One)			
<input type="checkbox"/>	RN	<input type="checkbox"/>	LPN
Applying for Licensure By (Check One)			
<input type="checkbox"/>	Examination	<input type="checkbox"/>	Endorsement
<input type="checkbox"/>		<input type="checkbox"/>	Reinstatement
Original State of Licensure			
License Number			

Documentation Checklist	
Marital Status	
<input type="checkbox"/>	Marriage Certificate (Required)
Service Member Eligibility (Attach One of the Following)	
<input type="checkbox"/>	Service Member's Military Orders
<input type="checkbox"/>	Service Member's DD Form 214
<input type="checkbox"/>	Service Member's NGB Form 22
Deceased Service Member	
<input type="checkbox"/>	Death Certificate (If Applicable)