

**West Virginia Board of Accountancy**  
**405 Capitol Street, Suite 908, Charleston, WV 25301**  
**(304) 558-3557**  
**Military Member/Veteran/Spouse Fee Waiver Request**  
**with Military Service Verification**

☐ I am a Military Member/Veteran

☐ I am the Spouse of a Military Member/Veteran

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

The following documents are required for Military Service Verification. You will need to upload all that apply to your application.

**Military Member/Veteran (check all that apply)**

- ☐ DD-214 (Certificate of Release from Active Duty)
- ☐ NGB-22 (Discharge showing Honorable Discharge)
- ☐ Copy of Military Orders (Active Duty)
- ☐ Other \_\_\_\_\_

**Military Spouse (check all that apply)**

- ☐ DD-214 (Certificate of Release from Active Duty)
- ☐ NGB-22 (Discharge showing Honorable Discharge)
- ☐ Copy of Military Orders (Active Duty)
- ☐ DD-1300 (Report of Casualty)
- ☐ Marriage Certificate
- ☐ Other \_\_\_\_\_

---

**Affirmation by Written Declaration**

---

I understand that I am to personally complete this waiver, and am solely responsible for the accuracy and completeness of the information provided. I have carefully read and understood all instructions in the form. By signing this waiver, I certify that the information provided in connection therewith is complete, true, and correct to the best of my knowledge and belief. I understand that any determination of waiving the initial licensure fee is based on the truth and accuracy of the information provided herewith. I further understand that the information provided herewith is subject to investigation and verification by the WV Board of Accountancy.

---

Applicant's Signature

Date