



MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ASHLEY STOLBA
INTERIM SECRETARY, EXECUTIVE
OFFICE OF ECONOMIC
DEVELOPMENT

Commonwealth of Massachusetts
Division of Occupational Licensure

One Federal Street, Suite 600
Boston, Massachusetts 02110-2012

LAYLA R. D'EMILIA
UNDERSECRETARY, CONSUMER
AFFAIRS AND BUSINESS
REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

DIVISION OF OCCUPATIONAL LICENSURE
ARMED SERVICES AFFADVAIT FOR
LICENSURE FEE WAIVER

I, _____, do hereby certify under the pains and penalties of perjury that I am currently a member of the armed forces (active duty, reserves or National Guard) or am a veteran of the armed forces as defined as in M.G.L. ch. 4, s.7, clause 43. In addition, I am applying education, training or service completed as a member of the armed forces towards license qualification requirements or certification.

Attached hereto are copies of my Report of Separation (DD Form 214*) and Verification of Military Experience and Training "VMET" (DD Form 2586**).

Signature:

Date:

Printed Name:

Please provide the name of the board of registration and license type for which you are applying.

Board of Registration:

License Type:

*If you have not yet received a DD-214, please attach a signed memorandum from your commander that states you are currently in good standing.

**DD Form 2586 can be obtained from DoDTAP on milConnect.

