

MILITARY SPOUSE/DOMESTIC PARTNER FEE WAIVER & EXPEDITE REQUEST

Attach to TOP of application with required documentation. Print on colored paper if possible.

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

Licensing Program: LCSW LEP LMFT LPCC

Application Type* (mark one): Application for Licensure (\$250 fee waiver) Initial License Issuance (\$200 fee waiver)

To receive an application fee waiver and expedited application processing complete this form and attach it to the top of your application with ALL documentation listed below.** Fee waivers are NOT available for any other types of applications. Applications received without this request form or without all acceptable documentation will NOT receive a fee waiver nor expedited processing.

If you are applying for licensure and need to take an exam, you will be required to pay the exam fee specified in the application. Please note that the greatest obstacle to an efficient licensing process is submission of an incomplete application.

Evidence 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/registration of domestic partnership from the Secretary of State. For other forms of legal union not recognized by California, you may submit documentation issued by the State that recognizes your legal union.

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 the military orders.

Evidence that you hold a **current** license/registration in another state, district, or territory of the U.S. in the profession for which you seek licensure or registration from the BBS.

For example, attach a copy of your current license or registration, or attach a completed "Verification of Licensure" form, available on the Board's website.

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

Signature of Applicant: _____ Date: _____

State Where Licensed or Registered: _____ License Type & Number: _____

* If you are submitting an application to take an exam, for testing accommodations or associate registration, use [this form](#) instead.

** In accordance with California Business and Professions Code section 115.5, effective 07/01/2022.