



Application for Military Spouse Initial Licensure Fee Waiver

Following completion, return this form, along with all other required documentation to: BMTLLicensing@amtlb.alabama.gov.

Name: _____

Address: _____

Telephone: _____

Email: _____

Social Security Number: _____

Licensure Information

Original State of Licensure: _____

State: _____

License Number: _____

Documentation Checklist

Marital Status

Marriage Certificate (Required) _____

Service Member Eligibility (Attach One of the Following)

Service Member's Military Orders _____

Service Member's DD214 _____

Service Member's NGB Form 22 _____

Deceased Service Member

Death Certificate (If Applicable) _____