

FEE WAIVER REQUEST FORM MILITARY SERVICE MEMBERS

First Name:	MI:	Last Name:
SOPHAS ID #:		
Address:		
City:	State:	Zip Code:
Phone:	Cell	Home
		Work
Email:		

I am requesting a fee waiver for my SOPHAS application and I understand the following terms:

- SOPHAS must receive and process my fee waiver request before I submit my application.
- This fee waiver is only available to active and veteran military service members.
- Fee waivers are awarded on a first-come, first-served basis. There are a limited number of fee waivers available.
- If awarded, this fee waiver covers only the initial application fee (\$145).

SUPERVISING OFFICER*

I certify that the individual identified above is an active or veteran military service member and therefore eligible for a SOPHAS fee waiver of one designation.

**If you cannot provide a supervising officer signature, you can attach a completed Certificate of Release or Discharge from Active Duty (DD Form 214) or a copy of your Military Disability ID.*

Name, Unit, and Rank:

Signature:

Date:

I am an active or veteran military service member: Yes No

I read the [Fee Waiver instructions](#) and understand the fee waiver process. Additionally, I understand that my fee waiver request is not considered complete until the Supervising Officer signs this form.

Signature:

Date:

→ Upload a completed and signed form in your SOPHAS application under Fee Waiver Form.

All fee waivers expire after 14 days.