

## State of Texas - Texas Film Commission VETERAN RESIDENT STATUS

Production companies applying to the Texas Moving Image Industry Incentive Program for an incentive payment that is based on wages or salaries paid to Texas Veterans for work performed on a qualified production in Texas must complete this declaration of military service for each Veteran. The production company must retain this form and submit a copy to the Texas Film Commission when submitting verifying documentation for the Incentive Program.

SECTION I- QUALIFIED GROUPS - For the purposes of the Incentive Program, to be a considered a United States Veteran an individual must have served in the United States Army, Navy, Marine Corps, Air Force, Coast Guard or a reserve component thereof and must have been honorably discharged. An individual may also be eligible if he or she was on full-time duty as a commissioned officer of the Regular or Reserve Corps of the Public Health Service or on full-time duty as a commissioned officer of the National Oceanic and Atmospheric Administration or its predecessor organization the Coast and Geodetic

	I verify to be a member of one of the categories of protected Veterans listed above and can provide supplemental documentation to the production or other entity.	
	SECTION II – PROJECT INFORMATION	
	Project Name	Company Name
	SECTION III – EMPLOYEE/CONTRACTOR (circle one) INFORMATION	
	Name	Date of Birth (MM/DD/YYYY)
	Permanent Residence (physical address – NO P.O. Boxes)	City, State and Zip Code
CHOOSE & COMPLETE ONE	A Driver's License with Veteran Designation: Number:	
	SECTION V – VERIFICATION OF INSPECTION	
SIGN HERE	I declare, under penalty of perjury, that I have served in the United States uniformed services, or served in a Guard or Reserve component and was mobilized for federal active duty. The information provided is true and correct. I authorize Texas Film Commission employees, officers, and designees to verify the documents presented.	
TILIKE	Employee/Contractor's Signature Print Name	Date (MM/DD/YYYY)
	I declare, under penalty of perjury, that I have examined the document(s) presented by the above-named employee/contractor, and that the above-listed document(s) appear to be genuine and to relate to the employee/contractor named.	
	Signature of Production Company Rep Print Name	Date (MM/DD/YYYY)