

CDL & LPN License Fee Reimbursement Pilot Program

CSEA-represented NYS employees - You can get reimbursed for certain license fees required for your State employment.



Get Reimbursed For Eligible License Fees, Tax Free!

Commercial Driver's License (CDL)

- NYS CDL Class A Renewal
- NYS CDL Class B Renewal

The enhanced license fee is not reimbursable. MCTD fees are reimbursable. If you have a CDL Class combined with Class M or MJ (e.g. AM), the \$8.00 fee is not reimbursable.

If you are seeking reimbursement for either class CDL, you may also seek reimbursement for any or all of the following:

- Tanker Endorsement
- Doubles/Triples Endorsement

Licensed Practical Nurse (LPN)

- NYS LPN License Renewal

Employee Eligibility

- CSEA-represented NYS employees receiving a NYS paycheck at the time of application.
- Required to maintain an LPN or CDL license as a condition of employment as defined in the minimum qualifications of the Civil Service class standard for your position.
- Employed by the State for a minimum of six months prior to applying for reimbursement.
- Both full- and part-time employees are eligible. However, if you are less than 50%, you will receive a prorated reimbursement based on the number of hours worked over the six months prior to application.
- Employees on approved long-term leave or Workers' Compensation will be eligible for reimbursement when they return to the payroll.

Reimbursement Process

1. Fill Out the Application

After paying for an eligible license renewal, fill out the Application for License Fee Reimbursement which can be found [attached](#).

2. Supply Required Documents

The following supporting documentation should be submitted with the application:

- Documentation demonstrating what license was renewed, with both your name and provider name, along with the start and end date of the renewed license.
- Documentation such as an invoice or receipt demonstrating the amount of the renewal fee paid.
- Documentation showing proof of payment. It must show how the fee was paid, whether by cash, check, bank/credit card, or financial aid.

3. Submit the Application

This application package must be submitted within 90 days of payment of the fee.

- Email the application package to: reimbursement@nyscseapartnership.org.

- Or mail the application package to:
NYS & CSEA Partnership for Education and Training
c/o License Fee Reimbursement
240 Washington Ave. Ext.
Albany, NY 12203

The 90-day requirement is waived if you are on Workers' Compensation or other approved leave. In such cases, you should apply within 90 days of returning to work.

4. Partnership Review

Partnership staff will review the application and documentation submitted. Additional documentation may be required to substantiate the request. If necessary, staff will reach out accordingly. Please ensure you have provided all of the required documentation at the time of submission to avoid prolonged delays.

5. Receive Your Reimbursement

If approved, a reimbursement check will be mailed to you. Reimbursements made pursuant to the License Fee Reimbursement Pilot Program are not taxable.

If denied, an explanation will be emailed or mailed to you. Denial will be considered final.

Apply Today!

The License Fee Reimbursement Pilot Program will provide reimbursement for licenses renewed between **January 1, 2026 – December 31, 2026**. Regardless of leave status, all requests for reimbursement must be in by March 31, 2027. The program can be extended by mutual agreement of the parties.



NYS & CSEA
Partnership

(800) 253-4332 Option 1
reimbursement@nyscseapartnership.org
www.nyscseapartnership.org



APPLICATION FOR LICENSE FEE REIMBURSEMENT

Name: _____ Employee ID Number: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____

Phone Number: _____

Job Title: _____ Full-Time: Or Part-Time:

Agency: _____

I am applying for reimbursement of the following license fee. Select only one.

LPN CDL Class A CDL Class B

If applying for a CDL Class A or B, please select any of the following endorsements for which you are also seeking reimbursement.

Tanker Endorsement Doubles/Triples Endorsement

Total cost of license renewal: \$ _____

Total financial assistance toward this fee from other sources: \$ _____

TOTAL REIMBURSEMENT SOUGHT: \$ _____

When submitting this form, please attach documentation with your name and provider name verifying what license you have renewed, start and end date of renewed license, amount of the renewal fee paid, proof of payment, and payment method.

By signing below, I intend to apply for reimbursement for the license fee I have selected above in the amount I have provided. I hereby certify that I have personally incurred the cost listed above, that I have worked for New York State for six months prior to applying for this reimbursement in a position requiring this license as defined in the minimum qualifications of the Civil Service class standard for the position, and that all information I have provided on this form and that I have attached is true and accurate. I have read the Pilot Program guidelines and agree to comply with all program policies and procedures.

Signature: _____ Date: _____