

APPLICATION FEE WAIVER REQUEST INSTRUCTIONS

Eligibility Information:

In accordance with A.R.S 41-1080.01 “A except for an individual who applies for a license pursuant to title 36, chapter 4, article 10 or chapter 28.1, an agency shall waive any fee for an initial license for ANY of the following individuals **IF THE INDIVIDUAL IS APPLYING FOR THAT SPECIFIC LICENSE IN THIS STATE FOR THE FIRST TIME:**

1. Any individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines.¹
2. Any Honorably Discharged Veteran who has been discharged not more than two years before application.
3. Any Active-Duty Military Service Members Spouse.

In order to determine an applicant’s eligibility for the fee waiver the Department of Revenue requires that the information on the Application Fee Waiver Request form be completed and submitted with any required documentation.

Instructions:

If you answer “**Yes**” to question **5** or **6**, you do not meet the qualifications for the fee waiver as established in A.R.S. §41-1080.01. Therefore, you are required to provide the application fee in accordance with A.R.S. §32-2607(A) and 32-2407(A). This fee is non-refundable, and applications cannot be accepted without payment of the application fee. By submitting the application fee, you are making the determination that you are not eligible for the fee waiver.

If you answer “**No**” to question **5 and 6**, you must provide the additional information listed in questions **7, 8, and 9** for the Department of Revenue to determine your eligibility for the fee waiver. If you do not submit this form or provide the required information, you are required to pay the application fee in accordance with A.R.S. §32-2607(A) and 32-2407(A). If you did not file Arizona state taxes last year, you can submit a copy of your SNAP, TANF or AHCCCS Approval or Renewal Letter, or complete a federal tax form 8821, to help determine your eligibility.

If you answer “**Yes**” to question **10a**, you must provide a copy of your DD-2214 to verify the discharge date. If you answer “**Yes**” to question **11**, please provide a copy of your military dependent identification card. These copies must be provided to qualify for the fee waiver in accordance with A.R.S. §41-1080.01A.2 - A.3.

Please note, the \$22.00 fingerprint fee still applies and will need to accompany your application.

¹ See <https://aspe.hhs.gov/poverty-guidelines> for current Federal Poverty Level guidelines.

In accordance with A.R.S. §42-2001, 42-2002, 42-2003 & 32-929 the above referenced form is confidential and is not a public record.



APPLICATION FEE WAIVER REQUEST

APPLICANT INFORMATION

1. APPLICANT LAST NAME	2. APPLICANT FIRST NAME	3. APPLICANT MIDDLE NAME
------------------------	-------------------------	--------------------------

4. WHICH REGISTRATION OR LICENSE ARE YOU APPLYING FOR?

OPTIONAL FEE WAIVER FOR **LOW INCOME** APPLICANTS

5. Have you ever previously filed an application for the above registration / license in Arizona?
 Yes No

6. Does your family income exceed two hundred percent of the federal poverty guidelines?
 Yes No

7. By checking this box, I voluntarily:

- 1.) attest that to the best of my knowledge and belief, my family income does not exceed two hundred percent of the federal poverty level. ¹
- 2.) authorize the Arizona Department of Public Safety to disclose confidential information to the Department of Revenue to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. §41-6-7.2.
- 3.) authorize the Arizona Department of Revenue to disclose confidential information to the Arizona Department of Public Safety to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. Title 41, Chapter 6, Article 7.2 upon receipt of the following information:

8. SOCIAL SECURITY NUMBER	9. YEAR OF MOST RECENT ARIZONA TAX RETURN
---------------------------	---

OPTIONAL FEE WAIVER FOR **MILITARY VETERAN/SPOUSE** APPLICANTS

10. Have you ever previously filed an application for the above registration / license in Arizona?
 Yes No

11. Are you a military veteran?
 Yes No

11a. Were you honorably discharged within the previous 2 years?
 Yes No

12. Are you a spouse of an active-duty military member?
 Yes No

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge that if I am deemed ineligible for the fee waiver, I will submit full payment with my application and that if the Department of Revenue later determines that I am ineligible for the fee waiver, I must pay the required fee within thirty (30) days.

Signature of Applicant