ARIZONA DEPARTMENT OF PUBLIC SAFETY

APPLICATION FEE WAIVER REQUEST

Physical Address
Arizona Department of Public Safety
Public Services Center
2222 West Encanto Boulevard
Phoenix, Arizona 85009

Mailing Address
Arizona Department of Public Safety
Licensing Unit
P.O. Box 6328, MD 3140
Phoenix, AZ 85005-6328

Phone: (602) 223-2361

Email: Licensing@azdps.gov

Requesting a Waiver of Initial Registration Fees

A.R.S. § 41-1080.01 states, "an agency shall waive any fee charged 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.
2. Any active-duty military service member's spouse.
3. Any honorably discharged veteran who has been discharged not more than two years before application.

Instructions:

- Please submit your fee waiver request in conjunction with your application. Please do not include the application fee. If your waiver is denied, Licensing will request the fee at that time.
- The $22 FBI Fingerprint fee is NOT eligible to be waived.
- Failure to respond to all applicable questions may result in an automatic denial of your fee waiver request.
- The initial Registration Fee Waiver Request Form and supporting documents must be submitted together. Failure to submit all documents at the same time may result in the waiver being denied.

Acceptable supporting documents:

1. Any individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines
    - Federal Tax Return (Spouse's Federal Tax Return must also be submitted, if married and not legally separated) of the most recent filing year.
2. Any active-duty military service member's spouse.
    - Marriage certificate and spouse's active Common Access Card showing active duty.
3. Any honorably discharged veteran who has been discharged not more than two years preceding application.
    - Form DD-214 Certificate of Release or Discharge from Active Duty

Following internal processing, you may be notified by email if you qualify for the waiver after all documents are received and reviewed.

APPLICATION FEE WAIVER REQUEST - Continued

The following figures are the 2026 HHS poverty guidelines which will be published in the Federal Register

2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	Poverty guideline	X 200%
For families/households with more than 8 persons, add $5,680 for each additional person.		
1	$15,960	$31,920
2	$21,640	$43,280
3	$27,320	$54,640
4	$33,000	$66,000
5	$38,680	$77,360
6	$44,360	$88,720
7	$50,040	$100,080
8	$55,720	$111,440

2026 Poverty Guidelines for Alaska

Persons in family/household	Poverty guideline	X 200%
For families/households with more than 8 persons, add $5,680 for each additional person.		
1	$19,950	$39,900
2	$27,050	$54,100
3	$34,150	$68,300
4	$41,250	$82,500
5	$48,350	$96,700
6	$55,450	$110,900
7	$62,550	$125,100
8	$69,650	$139,300

2026 Poverty Guidelines for Hawaii

Persons in family/household	Poverty guideline	X 200%
For families/households with more than 8 persons, add $5,680 for each additional person		
1	$18,360	$36,720
2	$24,890	$49,780
3	$31,420	$62,840
4	$37,950	$75,900
5	$44,480	$88,960
6	$51,010	$102,020
7	$57,540	$115,080
8	$64,070	$128,140

APPLICATION FEE WAIVER REQUEST - Continued

APPLICANT INFORMATION

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

4. WHICH REGISTRATION OR LICENSE ARE YOU APPLYING FOR?

5. SOCIAL SECURITY NUMBER	6. YEAR OF MOST RECENT ARIZONA TAX RETURN

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

SELECT WHICH OPTION APPLIES TO YOUR SITUATION

8. I am an applicant whose family income does not exceed two hundred percent of the federal poverty guidelines.

- Supporting documentation: Federal Tax Return of the most recent filing year. If married and not legally separated, please include your spouse's Federal Tax Return of the most recent filing year as well.

9. I am an honorably discharged veteran who has been discharged not more than two years preceding application.

- Supporting documentation: Form DD-214 Certificate of Release or Discharge from Active Duty Date of Discharge: _____

10. I am an active-duty military service member's spouse.

- Spouse's Full Legal Name (First, Middle (if applicable), Last):

_____

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona that:

- They are the person referred to in the foregoing application;
- The statements contained herein are true in every respect to the best of their knowledge;
- They have not suppressed any information that would affect this application; and
- They have read and understand that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of certification/licensure/permit/ registration or disciplinary action, up to and including revocation, taken against an issued certification/license/permit/registration.
- I acknowledge that if I am deemed ineligible for the fee waiver, I will submit full payment within thirty (30) days.

_____ _____

Signature of Applicant Date