



APPLICATION FEE WAIVER REQUEST

APPLICANT INFORMATION

1. APPLICANT LAST NAME	2. APPLICANT FIRST NAME	3. APPLICANT MIDDLE NAME
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OPTIONAL FEE WAIVER FOR LOW INCOME APPLICANTS

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 charged for the initial license for any individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines if the individual is applying for that specific license in this state for the first time.”

In order to determine an applicant’s eligibility for the fee waiver the Department of Revenue requires the following information:

4. Which registration or license are you applying for?

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

If you answered yes to question 5 or 6, then you do not meet the qualifications for the fee waiver as established in A.R.S. 32-2407(A). §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 answered no to questions 5 and 6, you are required to complete the additional information listed in questions 7, 8, and 9 for the Department of Revenue to make a determination of the 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.

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

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 level¹;
- 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. Title 41, Chapter 6, Article 7.2; and,
- 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 #:		9. Year of Most Recent Arizona Tax Return:	
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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

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