



## Requesting a Waiver of Initial Certification/ License/ Permit/ 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, Central Licensing will request the fee at that time.
- Failure to respond to all applicable questions may result in an automatic denial of your fee waiver request.
- The Initial Certification/License/Permit/ 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 will be notified by email if you qualify for the waiver after all documents are received and reviewed.

The following figures are the 2021 HHS poverty guidelines which will be published in the Federal Register

**2021 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 \$4,540 for each additional person.		
1	\$12,880	\$15,456
2	\$17,420	\$20,904.0
3	\$21,960	\$26,352.0
4	\$26,500	\$31,800.0
5	\$31,040	\$37,248.0
6	\$35,580	\$42,696.0
7	\$40,120	\$48,144.0
8	\$44,660	\$53,592.0

**2021 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	\$16,090	\$19,308.0
2	\$21,770	\$26,124.0
3	\$27,450	\$32,940.0
4	\$33,130	\$39,756.0
5	\$38,810	\$46,572.0
6	\$44,490	\$53,388.0
7	\$50,170	\$60,204.0
8	\$55,850	\$67,020.0

**2021 Poverty Guidelines for Hawaii**

Persons in family/household	Poverty guideline	X 200%
For families/households with more than 8 persons, add \$5,220 for each additional person		
1	\$14,820	\$17,784.0
2	\$20,040	\$24,048.0
3	\$25,260	\$30,312.0
4	\$30,480	\$36,576.0
5	\$35,700	\$42,840.0
6	\$40,920	\$49,104.0
7	\$46,140	\$55,368.0
8	\$51,360	\$61,632.0

**Central Licensing** - 1010 W. Washington Street, Phoenix, Arizona 85007 (602)542-3578 FAX: (602)542-0466

Mailing address: 1802 W. Jackson Street, #78, Phoenix, Arizona, 85007

Website: <https://agriculture.az.gov> Email: [licensing@azda.org](mailto:licensing@azda.org)

Revised 2023.05 - FWR

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## Initial Certification/ License/ Permit/ Registration Fee Waiver Request Form

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

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**Please select which option applies to your situation:**

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.

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

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

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- Supporting documentation: Marriage certificate and Spouse's Common Access Card (front and back).

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: \_\_\_\_\_

### 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.

Applicant's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

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