

OPTIONAL FEE WAIVER FOR LOW INCOME APPLICANTS

By completing this form:

1. _____ I voluntarily: a.) attest that to the best of my knowledge and belief, my family income does not exceed two hundred percent of the federal poverty level. See <https://aspe.hhs.gov/poverty-guidelines> for current Federal Poverty Level guidelines. b.) authorize the Arizona Department of Revenue to disclose confidential information to the Arizona State Board of Dispensing Opticians (Board) 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 that in addition, the Board may request other evidence and supporting documentation in order to make a determination of the poverty level status of the applicant.
2. _____ I understand pursuant to A.R.S. 32-1684, a complete application must be filed prior to Board consideration of approval or denial of my application. In the event appropriate documentation and evidence cannot be supplied to the Board in a timely manner or, I am in any way deemed ineligible for the fee waiver, the application fee must be paid in order to complete the application.
3. _____ I understand the opportunity to apply for a fee waiver only applies if I am applying for a Dispensing Optician license in the State of Arizona for the first time. The waiver does not apply to any type of certification issued by the Board. Additionally, the waiver will not be considered for the purpose of application for licensure renewal, reinstatement, application after denial, or any other circumstances where the applicant is not applying for a license for the first time.
4. _____ I understand any documentation and evidence supplied to the Board in support of my requested fee waiver, becomes the property of the Board and will not be returned to the applicant.

I acknowledge I have read and understand the above information and hereby submit this request for waiver, along with my application for a Dispensing Optician license to the Arizona State Board of Dispensing Opticians.

Dated this _____ Day of _____; 20_____

Signature of Applicant

Printed Name