



## **Arizona Board of Psychologist Examiners**

1740 W. Adams St., Suite 3403  
Phoenix, Arizona 85007  
Phone (602) 542-8163 Fax (602) 542-8279  
<https://psychboard.az.gov>

### **Arizona State Board of Psychologist Examiners**

## **Application for Fee Waiver**

**(To request waiver of the initial application and license fees)**

### **INSTRUCTIONS**

#### **Fee Waiver Form:**

Arizona Revised Statutes §41-1080.01 provides for a waiver of “any fee charged for an initial license for any individual or applicant whose family income does not exceed 200% of the Federal Poverty Guidelines if the individual is applying for that specific license in this state for the first time.” If you believe that you qualify for the fee waiver, complete the **Application for Fee Waiver form (waiver form)** and submit it along with a copy of your most recent Federal Tax Return(s). You will be notified if you qualify for the waiver after all documents are reviewed.

#### **Waiver Requirements:**

The applicant must complete and submit:

- The waiver form, signed by the applicant (and spouse, if applicable).
- Provide most recent Federal Tax Return(s).

#### **Special Instructions:**

- The applicant must complete **all** applicable fields on the waiver form.
- The waiver form and Federal Tax Return(s) must be submitted together.
- If married and not legally separated, the waiver form must be signed by the applicant and spouse. Waiver forms not signed by both parties will be denied.



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### Application for Fee Waiver

Printed Name (First, Middle Name, Last)

Social Security # - REQUIRED

Other Name Printed (First, Middle Name, Last)

Printed Street Address

City, State, Zip Code

Primary Phone Number

Other Phone Number

Email Address – REQUIRED

#### Marital Status

- Single                       Married                       Separated  
 Divorced                       Widowed

#### Filing Status

- Single                       Married Filing Jointly                       Married Filing Separately  
 Head of Household                       Qualified Widow with Dependents

#### Federal Tax Return(s) Submitted With Waiver Form-Required

- Applicant's Federal Tax Return  
 Spouse's Federal Tax Return

Total Annual Gross Income: \_\_\_\_\_

Family Size: \_\_\_\_\_

Spouse Name (First, Last, Middle Name) (Printed)

Spouse Social Security # - REQUIRED

Printed Street Address

City, State, Zip Code

Primary Phone Number

Other Phone Number

Email Address – REQUIRED



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**VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION**

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

- I am the person referred to in the foregoing Application for Fee Waiver form;
- The statements are true in every respect to the best of my knowledge;
- I have not suppressed any information that would affect this application;
- I have read and understand that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date