



**Administrative Services Division**  
ARIZONA DEPARTMENT OF INSURANCE

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**LICENSE FEE WAIVER REQUEST**

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Attestation

**Applicant's Full Name** (full first name, full middle name, full last name, suffix – Please print)

**Type of License** (and Fee to be Waived)

- |  |  |
|--|--|
| <input type="checkbox"/> Adjuster (\$120)                        | <input type="checkbox"/> Bail Bond Agent (\$120)             |
| <input type="checkbox"/> Life Settlement Broker (\$250 or \$500) | <input type="checkbox"/> Portable Electronics Vendor (\$120) |
| <input type="checkbox"/> Producer (\$120)                        | <input type="checkbox"/> Risk Management Consultant (\$120)  |
| <input type="checkbox"/> Surplus Lines Broker (\$500 or \$1,000) | <input type="checkbox"/> Temporary Producer (\$120)          |
| <input type="checkbox"/> Self-service Storage Agent (\$120)      | <input type="checkbox"/> Life/Health Administrator (\$195)   |

To qualify for a waiver of your license fee, you must meet all the following requirements:

1. You must be an individual. This does not apply to business entities.
2. Your family income may not exceed 200% of the applicable federal poverty level as published each year in the Federal Register by the US Department of Health and Human Services (see: <https://aspe.hhs.gov/poverty-guidelines> for current federal poverty levels).
3. You cannot have previously applied in Arizona, either as a resident or nonresident, regardless of whether you were ever issued a license in Arizona, for the type of license for which you are requesting a fee waiver.

**Attestation and Certification**

**By signing below:**

1. I attest that I read and understood the foregoing;
2. I certify under penalty of denial, suspension or revocation of any license issued and under any other penalties, including restitution to the State of Arizona, including but not limited to the Arizona Department of Insurance, that (a) my family income does not exceed 200% of the applicable federal poverty level; AND, (b) I have never applied with the State of Arizona for the Type of License indicated on this form;
3. I understand the State of Arizona and its agencies, including the Arizona Department of Insurance, may obtain information from the Arizona Department of Revenue and other sources for the purposes of verifying I qualify for the fee waiver.
4. I acknowledge that by submitting this form, it becomes part of my license application. I understand that providing incorrect, misleading, incomplete or materially untrue information on a license application is a violation of Arizona law, which could result in the denial, suspension or revocation of licenses, in the imposition of civil penalties, and in other administrative and legal consequences.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature