

FORM L-WAV



REQUEST FOR WAIVER OF LICENSE FEE

INSURANCE LICENSING

☎ 602-364-4457

✉ insurancelicensing@difi.az.gov

FINANCIAL ENTERPRISES/APPRAISERS

☎ 602-771-2800

✉ felicensing@difi.az.gov

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 an 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."

APPLICANT'S NAME: *Print or type your full name. Do not enter initials.*

FIRST	MIDDLE	LAST	SUFFIX

TYPE OF LICENSE (and fee to be waived):

<input type="checkbox"/> Adjuster (\$120)	<input type="checkbox"/> Bail Bond Agent (\$120)
<input type="checkbox"/> Certified General Appraiser (\$400)	<input type="checkbox"/> Life Settlement Broker (\$250 or \$500)
<input type="checkbox"/> Producer (\$120)	<input type="checkbox"/> Property Tax Agent (\$200)
<input type="checkbox"/> Portable Electronics Vendor (\$120)	<input type="checkbox"/> Risk Management Consultant (\$120)
<input type="checkbox"/> Surplus Lines Broker (\$500 or \$1,000)	<input type="checkbox"/> Temporary Producer (\$120)

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 U.S. Department of Health and Human Services (see: [Office of The Assistant Secretary for Planning and Evaluation 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 have 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 and Financial Institutions, 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* that the State of Arizona and its agencies, including the Arizona Department of Insurance and Financial Institutions, 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.

➤ _____ APPLICANT'S SIGNATURE	_____ DATE
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