

FORM L-WAV



REQUEST FOR WAIVER OF LICENSE FEE

INSURANCE LICENSING/APPRAISERS

FINANCIAL ENTERPRISES

☎ 602-364-4457

☎ 602-771-2800

✉ insurancelicensing@difi.az.gov

✉ felicensing@difi.az.gov

This form must be submitted prior to paying any fees you are requesting be waived.

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"/> Loan Originator (\$500 + License Fee) |
| <input type="checkbox"/> Appraiser: Certified General (\$400) | <input type="checkbox"/> Portable Electronics Vendor (\$120) |
| <input type="checkbox"/> Appraiser: Certified Residential (\$400) | <input type="checkbox"/> Producer (\$120) |
| <input type="checkbox"/> Appraiser: Licensed Residential (\$400) | <input type="checkbox"/> Property Tax Agent (\$200) |
| <input type="checkbox"/> Appraiser: Nonresident Temporary (\$150) | <input type="checkbox"/> Risk Management Consultant (\$120) |
| <input type="checkbox"/> Appraiser: Registered Trainee (\$300) | <input type="checkbox"/> Surplus Lines Broker (\$500 or \$1,000) |
| <input type="checkbox"/> Bail Bond Agent (\$120) | <input type="checkbox"/> Temporary Producer (\$120) |
| <input type="checkbox"/> Life Settlement Broker (\$250 or \$500) | <input type="checkbox"/> Other: _____ |

In accordance with A.R.S. § 41-1080.01, the Department of Insurance and Financial Institutions 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. An individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines 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).
 - a. Applicants *must include a copy* of his/her most recent federal tax return.
 - b. If the applicant is a dependent on someone else's tax return, he or she *must include a copy* of that person's most recent federal tax return.
2. Any active duty military service member's spouse. If the applicant is a spouse, he or she *must include a copy* of the active spouse's military ID card.
3. Any honorably discharged veteran who has been discharged not more than two years before application. Applicants *must include a copy* of the military form showing the honorary discharge: Form DD 214, Certificate of Release or Discharge from Active Duty, or Form DD 256, Honorable Discharge Certificate.

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NAME OF APPLICANT: FIRST	MIDDLE	LAST
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ATTESTATION AND CERTIFICATION

By signing below, *I attest* that I have read and understood the foregoing, AND (*select one option*);

- 1. *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 to the State of Arizona for the type of license indicated on this form;
- 2. *I certify* under penalty of perjury that I am a spouse of an active duty military member.
- 3. *I certify* under penalty of perjury that I have been honorably discharged from active duty military service, and I am submitting this request within two years of my discharge date.

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.

I also 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 that I qualify for the fee waiver.

<p>➤ _____ APPLICANT'S SIGNATURE</p>	<p>_____ DATE</p>
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Be certain to include copies of any necessary supporting documents.