



State of Arizona
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington Suite 240 Phoenix, Arizona 85007 (602)364-4930 FAX: (602)364-4931 <https://btr.az.gov/>

Application Fee Waiver Form INSTRUCTIONS

Application Fee Waiver Form: A.R.S. § 41-1080.01 provides a financial waiver of application fees for qualified applicants. Applicants must have income not exceeding 200% of the federal poverty guideline. If you believe that you qualify for the waiver, complete the attached Application Fee Waiver form along with your complete registration application.

Waiver Requirements

The applicant must complete and submit:

- The Application Fee Waiver form signed by the applicant and spouse, if applicable.
- Provide required financial document(s).
- A complete registration application along with all required supplemental documents.

Special Instructions

- The applicant must complete all applicable fields on the Application Fee Waiver form. Incomplete Application Fee Waiver forms will be denied.
- The Application Fee Waiver form, complete registration application, and financial document(s) must be submitted together. **Failure to submit all documents at the same time will result in the waiver being denied.**
- If married and not legally separated, the Application Fee Waiver form must be signed by the applicant and spouse. Application Fee Waiver forms not signed by both parties will be denied.

Financial Documents

To determine eligibility, the applicant seeking the waiver, must provide the financial document(s) consistent with your status, as listed below.

1. Has income and regularly files federal tax return

- Single – must provide copy of most recent federal tax return.
- Married Filing Joint – must provide copy of most recent federal tax return.
- Married Filing Separate – must provide copies of applicant and spouse most recent federal tax return.
- Married Filing Separate and legally separated - must provide copies of applicant most recent federal tax return and a copy of the court order.

2. Has income but does not regularly file federal tax return

- Single – must provide copies of most recent W2 and/or 1099.
- Married - must provide copies of applicant and spouse most recent W2 and/or 1099.
- Married but not legally separated - must provide copies of applicant and spouse most recent W2 and/or 1099.
- Married and legally separated - must provide copies of applicant most recent W2 and/or 1099 and a copy of the court order.

3. Has no income and does not regularly file federal and/or state tax return(s)

- Single – provide application fee waiver form.
- Married - provide application fee waiver form.
- Married but not legally separated - provide application fee waiver form.
- Married and legally separated - provide application fee waiver form and a copy of court order.



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Application Fee Waiver Form

APPLICANT INFORMATION

_____ Date

ALL FIELDS ARE REQUIRED

_____ Legal Name (Last, first, middle initial)

_____ Social Security #

_____ Other Legal Name (Last, first, middle initial) (Maiden)

_____ Street Address

_____ City, State, ZIP Code

_____ Primary Phone Number | Other Phone Number

_____ Email Address

Marital Status

- Single
- Divorced

- Married
- Widowed

- Separated

Filing Status

- Single
- Head of Household

- Married Filing Jointly
- Qualified Widow with Dependents

- Married Filing Separately

Document(s) Submitted With Waiver Form

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

- Applicant's W2
- Spouse's W2

- Applicant's 1099
- Spouse's 1099

Total Annual Gross Income: _____

Calendar Year for Total Annual Gross Income: _____

Family Size: _____

_____ Spouse Legal Name (Last, first, middle initial)

_____ Spouse Social Security #

_____ Street Address

_____ City, State, ZIP Code

_____ Primary Phone Number | Other Phone Number

_____ Email Address

EMPLOYMENT HISTORY

Employer Name Supervisor's Name

Working Title Supervisor's Telephone #

Street Address City, State, ZIP Code

Dates of Employment Annual Salary

Employer Name Supervisor's Name

Working Title Supervisor's Telephone #

Street Address City, State, ZIP Code

Dates of Employment Annual Salary

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

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

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she has read and understands 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's Signature Date

Spouse's Signature Date

For Administrative Use Only: _____
Approved / Denied Date Reviewed / Initials