



**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**

1740 West Adams Street, Suite 3006

Phoenix, Arizona 85007

(602) 589-8352

Email Inbox: [ot.info@otboard.az.gov](mailto:ot.info@otboard.az.gov)

**Requesting a Waiver of Initial Certification / Registration Fees**

**A.R.S. § 41-1080.01 states "an agency 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. Any individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines.
2. Any active duty military service member's spouse.
3. Any honorably discharged veteran who has been discharged not more than two years before application."

**Instructions:**

- Submit your fee waiver request prior to submitting your initial licensure application. Complete the paper application in conjunction with your online fee waiver application.
- Failure to respond to all applicable questions may result in an automatic denial of your fee waiver request. If approved, please upload your approval email to your online initial licensure application.
- The Application for Waiver form and supporting documents must be submitted together.

***Failure to submit all documents at the same time may result in the waiver being denied.***

**Acceptable supporting documents:**

1. Any individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines.
- Federal Tax Return (Spouse's Federal Tax Return must also be submitted, if married and not legally separated) of the most recent filing year.
2. Any active duty military service member's spouse.
  - Marriage certificate and spouse's active Common Access Card showing active duty
3. Any honorably discharged veteran who has been discharged not more than two years before application.
  - Form DD 214 Certificate of Release or Discharge from Active Duty
  - Following internal processing, you will be notified by email if you qualify for the waiver after all documents are received and reviewed.



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**Initial Certification / Registration Fee Waiver Request Form**

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Applicant's Legal Name (Last, First, Middle)

Please select which option applies to your situation:

I am an applicant whose family income does not exceed two hundred percent of the federal poverty guidelines.

• Supporting documentation request: Federal Tax Return of the most recent filing year

I am an active-duty military service member's spouse.

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Spouse's Legal Name (Last, First, Middle)

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Spouse's Legal Signature (Last, First, Middle)

• Supporting documentation request: Marriage certificate and Spouse's Common Access Card

I am an honorably discharged veteran who has been discharged not more than two years before application.

• Supporting documentation request: Form DD 214 Certificate of Release Date of Discharge: or Discharge from Active Duty

**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;

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Applicant's Signature

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Date