

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

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).
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.

ATTESTATION AND CERTIFICATION

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

- | | |
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| <p>1. <input type="checkbox"/> <i>I certify</i> 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;</p> | <p>2. <input type="checkbox"/> <i>I certify</i> under penalty of perjury that I am a spouse of an active duty military member.</p> |
| <p>3. <input type="checkbox"/> <i>I certify</i> 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.</p> | |

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.

<p>➤ _____ APPLICANT'S SIGNATURE</p>	<p>_____ DATE</p>
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