



# State of Arizona Board of Chiropractic Examiners

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 www.chiroboard.az.gov

Applicant Information		
1. Last Name of applicant	2. First Name of applicant	3. Middle Name of applicant
Optional Fee Waiver for Low Income Applicants		
<p>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."</p> <p>In order to determine an applicant's eligibility for the fee waiver the Department of Revenue requires the following information:</p>		
4. Have you ever previously filed a chiropractic application in Arizona?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your family income exceed two hundred percent of the federal poverty guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you answered yes to any of the above questions, you do not meet the qualifications for the fee waiver as established in A.R.S.§41-1080.01. Therefore, you are required to provide the application fee in accordance with A.R.S.§32-921(D). This fee is non-refundable and applications cannot be accepted without payment of the application fee. By submitting the application fee, you are making the determination that you are not eligible for the fee waiver.</p> <p>If you answered no to both of the above questions, you are required to complete the additional information for the Department of Revenue to make a determination of the eligibility for the fee waiver. If you do not submit this form or provide the required information you are required to application fee in accordance with A.R.S.§32-921(D).</p>		
<p>6. <input type="checkbox"/> By checking this box, I, _____, voluntarily: 1.) attest that to the best of my knowledge and belief, my family income does not exceed two hundred percent of the <a href="#">federal poverty level</a><sup>1</sup>; 2.) authorize the Board of Chiropractic Examiners to disclose confidential information to the Department of Revenue to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. Title 41, Chapter 6, Article 7.2 and, 3.) authorize the Arizona Department of Revenue to disclose confidential information to the Board of Chiropractic Examiners to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. Title 41, Chapter 6, Article 7.2 upon receipt of the following information:</p>		
7. Social Security #:		8. Year of Most Recent Arizona Tax Return:
<p>I acknowledge that if I am deemed ineligible for the fee waiver, I will submit full payment with my application and that if the Department of Revenue later determines that I am ineligible for the fee waiver, I must pay the required fee within 30 days.</p>		
<p>_____ Signature of Applicant</p>		

<sup>1</sup> See <https://aspe.hhs.gov/poverty-guidelines> for current Federal Poverty Level guidelines.

This form is effective after August 9, 2017.

In accordance with A.R.S.§ 42-2001, 42-2002, 42-2003 & 32-929 the above referenced form is confidential and is not a public record.