Arizona Medical Board

1740 West Adams Street, Suite 4000
Phoenix, AZ   85007
PH: (480) 551-2700

Application Fee Waiver Form

APPLICANT INFORMATION

Date

Name (Last, First, Middle Initial   Social Security # - REQUIRED

Other Name (Last, First, Middle Initial (Maiden)

Street Address, City, State, Zip Code

Primary Phone Number | Other Phone Number   Email Address - REQUIRED

Marital Status

☐ Single   ☐ Married   ☐ Separated

☐ Divorced   ☐ Widowed

Filing Status

☐ Single   ☐ Married   ☐ Married Filing Separately

☐ Head of Household   ☐ Qualified Widow

Documents Submitted with Waiver Form:

☐ Applicant's Federal Tax Return   ☐ Applicant's W2   ☐ Applicant's 1099

☐ Spouse's Federal Tax Return   ☐ Spouse's W2   ☐ Spouse's 1099

Total Annual Income: _____   **Family Size:** _____

Spouses Name (Last, First, Middle Initial)   Spouse Social Security # - REQUIRED

Street Address, City, State, ZIP Code

Primary Phone Number | Other Phone Number   Email Address - REQUIRED

EMPLOYMENT HISTORY

Employer Name

Telephone #

Street Address, City, State, ZIP Code

Supervisor's Name

Working Title

Annual Salary

Dates of Employment

Employer Name

Telephone #

Street Address, City, State, ZIP Code

Supervisor's Name

Working Title

Annual Salary

Dates of Employment

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 the denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate.

Signature

Date

Signature

Date

For Administrative Use Only:

Reviewer

Date

☐ Approved   ☐ Disapproved   ☐ Applicant Notified Date