



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