

**State of Florida**  
**Department of Business and Professional Regulation**  
**Application for Low Income Waiver of Initial Licensing Fee**  
**Form # DBPR LI 001**

**General Information**

This form should be used by applicants requesting a waiver of the initial licensure fee based on their annual household income, before taxes, being at or below 130% of the federal poverty guidelines prescribed for the applicant's family household size by the United States Department of Health and Human Services. This waiver only applies to the licensing fee; other fees including application and unlicensed activity fees are still due at time of application. This waiver request is subject to approval by the Department of Business and Professional Regulation. **This form should be attached to your application for licensure.**

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

**1. Application Instructions (by Section)****a. Section I – Applicant Information**

- i. Use this form if you are applying to waive your initial licensure fee based on your household income being at or below 130% of the federal poverty guidelines as set forth in s. 455.219(7)(a), Florida Statutes.
- ii. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- iii. Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions regarding applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

**b. Section II – Fee Waiver Requirement**

- i. Applicant must select Option A **OR** Option B (select only one option) to demonstrate qualification for the fee waiver.
  - Provide the information requested for the option selected.

**c. Section III – Affirmation by Written Declaration**

- i. Applicant must sign the Affirmation by Written Declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

**Please mail your completed application to:**  
Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783

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**Section I – Applicant Information**

PERSONAL INFORMATION			
Social Security Number*	License Applying For:		
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Email Address:	Phone Number:		
Alternate Email Address:	Alternate Phone Number:		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code	
County (if Florida address)	Country		

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

**Section II – Fee Waiver Requirement**

FEE WAIVER REQUIREMENT – Choose ONLY One Option Below	
OPTION A	
<input type="checkbox"/> I attest that my annual household income, before taxes, is at or below 130% of the federal poverty guidelines prescribed by the United States Department of Health and Human Services, as required in s. 455.219(7)(a), Florida Statutes.	
Annual Household Income Before Taxes:	Number of Dependents Claimed on Applicant's Most Recent Federal Tax Return*:
OPTION B	
<input type="checkbox"/> I attest that I am enrolled in a public assistance program that requires participants to be at or below 130% of the federal poverty guidelines to qualify.	
Name of Program: _____	

\* If you claimed zero dependents please enter one dependent in the space provided. If you have not filed taxes or your number of dependents has changed since you last filed your taxes please enter your current number of dependents.

**Section III – Affirmation By Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b>	
Signature:	Date:
Print Name:	