

**Arizona State Board of Optometry
Applicant Application Fee Waiver Request Form**

APPLICANT INFORMATION: *Print or type the information requested below.*

Name (Last, First, Middle Initial): _____

Mailing Address: _____

City, State, Zip Code: _____

Phone #: () _____ Home Work Cell

Date of Birth (mm/dd/yyyy): _____ Email: _____

Optometry School: _____

Login ID for online application (if applicable): _____

WAIVER TYPE: *Please check the box that indicates the basis for your request. Attach official documentation of the waiver you have selected. Without official documentation, your request will not be considered. This form alone does not constitute a request for an application fee waiver. In addition, fee waiver requests are not guaranteed and the Board will determine if a request is accepted or denied. If the waiver request is denied, you will be contacted to pay the application fee.*

Initial Application for Licensure by Exam (NBEO)

Initial Application for Licensure by Endorsement

CERTIFICATION: *Please sign/date below.*

I certify that the information provided is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply required information may result in rejection of this request and application.

Applicant's Signature: _____ Date: _____

**Please submit this form along with the required supporting document to the
Arizona State Board of Optometry prior to applying for licensure/renewal.**

Arizona State Board of Optometry
1740 W. Adams St., Suite 3003
Phoenix, AZ 85007