



**Arizona Board of Osteopathic Examiners In Medicine and Surgery**

1740 W. Adams St., Ste 2410, Phoenix, AZ  
85007  
PH: (480) 657-7703

# 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:** \_\_\_\_\_

\_\_\_\_\_  
Date Received

**Approved**

**Disapproved**

**Date Applicant Notified**