



**Arkansas Department of Labor and Licensing**  
**Contractors Licensing Board Division**  
**4100 Richards Road**  
**North Little Rock, Arkansas 72117**  
**(501) 372-4661**

ID# \_\_\_\_\_

## **Initial Fee Waiver Request Pursuant to Act 725 of 2021**

I am requesting a waiver of the initial licensing fee based on at least one of the following (check one);

\_\_\_\_\_ I am receiving assistance through the Arkansas, or current state of residence equivalent, Medicaid Program;

\_\_\_\_\_ I am receiving assistance through the Arkansas, or current state of residence equivalent, the Supplemental Nutrition Assistance Program;

\_\_\_\_\_ I am receiving assistance through the Arkansas, or current state of residence equivalent, the Special Supplemental Nutrition Program for women, Infants and Children;

\_\_\_\_\_ I am receiving assistance through the Arkansas, or current state of residence equivalent, the Temporary Assistance for Needy Families Program;

\_\_\_\_\_ I am receiving assistance through the Arkansas, or current state of residence equivalent, the Lifeline Assistance Program;

\_\_\_\_\_ I was approved for unemployment within the last twelve (12) months;

\_\_\_\_\_ I have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

### **(Please Attach Supporting Documentation.)**

I hereby swear or affirm the above request is true, including any supporting documentation attached, including and supplemental information provided.

Signature: \_\_\_\_\_

Print Individual Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_