



Arizona Barbering & Cosmetology Board
1740 W Adams St #4400 • Phoenix, AZ 85007
https://bcb.az.gov/ • 480-784-4539

Katie Hobbs
Governor

Frank L. Migali
Executive Director

APPLICANT INFORMATION

First Name: Last Name: Middle Initial:
Address: City:
State: Zip Code:
Phone: Email:
What are you applying for: Personal License Reciprocity Universal License
Type of License: Aesthetics Aesthetics Instructor Barber
Barber Instructor Cosmetology Cosmetology Instructor
Hairstyling Hairstyling Instructor Nail Tech Nail Instructor

OPTIONAL FEE WAIVER FOR LOW-INCOME APPLICANT

Per A.R.S.§41-1080.01 "A. Except for an individual who applies for a license under Title 36, chapter 4, article 10 or Chapter 28.1, An agency shall waive any fee charged for an initial license for any individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines if the individual is applying for that specific license in this state for the first time."

To determine an applicant's eligibility for the fee waiver, the Department of Revenue requires the following information:

Have you previously applied for a license with this Board? Yes No

Does your family income exceed two hundred percent of the federal poverty guidelines? Yes No

If you answered yes to any of the above questions, you do not meet the qualifications for the fee waiver as established in A.R.S.§ 41-1080.01. Therefore, you are required to provide the application fee in accordance with A.R.S.§ 32-507 and A.A.C. R4-10-102. This fee is non-refundable and applications



cannot be accepted without payment of the application fee. By submitting the application fee, you are making the determination that you are not eligible for the fee waiver.

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If you answered no to both of the above questions, you are required to complete the additional information for the Department of Revenue to make a determination of the eligibility for the fee waiver. If you do not submit this form or provide the required information, you are required to application fee in accordance with A.R.S. § 32-507 and A.A.C. R4-10-102.

By checking this box, I, \_\_\_\_\_, voluntarily:

- 1.) Attest that to the best of my knowledge and belief, my family income does not exceed two hundred percent of the [Federal Poverty Level 1<sup>1</sup>](#);
- 2.) Authorize the Arizona Barbering & Cosmetology Board to disclose confidential information to the Department of Revenue to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. Title 41, Chapter 6, Article 7.2 and,
- 3.) Authorize the Arizona Department of Revenue to disclose confidential information to the Arizona Barbering & Cosmetology Board to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. Title 41, Chapter 6, Article 7.2 upon receipt of the following information:

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SSN: \_\_\_\_\_ Year of most recent Federal Tax Return: \_\_\_\_\_

Attach a copy of your family's previous year's submitted and signed Federal Tax return :

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I acknowledge that if I am deemed ineligible for the fee waiver, I will submit full payment with my application and that if the Department of Revenue later determines that I am ineligible for the fee waiver, I must pay the required fee within 30 days.

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

For a reciprocity or universal application, please send it to: [reciprocity@bcb.az.gov](mailto:reciprocity@bcb.az.gov)  
For a personal license application, please send it to: [exams@bcb.az.gov](mailto:exams@bcb.az.gov)

<sup>1</sup> See <https://aspe.hhs.gov/poverty-guidelines> for current Federal Poverty Level guidelines. This form is effective after August 9, 2017. Under A.R.S. § 42-2001, 42-2002, 42-2003 & 32-929 the above-referenced form is confidential and is not a public record.