



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 #: _____