



**Arkansas Contractors
Licensing Board
4100 Richards Road
North Little Rock, AR 72117**
Phone: 501-372-4661 Fax: 501-372-2247

**Sarah Huckabee Sanders
Governor**

**Daryl Bassett
Secretary**

ID# _____

Initial Fee Waiver Request Pursuant to Act 725 of 2021

*This initial fee waiver request is only available if you are applying as one of the following:
individual/sole proprietor not a sole member LLC.*

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 #: _____

*For more information on qualifications see Act 725 of 2021 <https://arkleg.state.ar.us/Acts/Search/>

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www.arkansas.gov/clb
contractors.licensing.board@arkansas.gov