General Information

Pursuant to A.R.S. § 41-1080.01, first-time applicants may qualify for a waiver of certification fees if their family income does not exceed 200% of the current federal poverty guidelines. This form may be used to request a Certification fee waiver if you are a first-time applicant and meet the family income criteria; you may view the current federal poverty guidelines here.

Important:
- The family income fee waiver is only provided to first time applicants. If you have already received an Arizona certificate you will need to submit the applicable fees for the requested service(s).
- This form should be mailed into the Arizona Department of Education, Certification Unit not more than three months before you apply for an initial educator certificate. If your request is approved, you will receive an approval letter that should be submitted with your Application for Certification.
- If your request is approved, you will need to apply for initial certification via mail or at the Certification Customer Service Counter.

Instructions

Step 1: Complete the “Request for Initial Certification Fee Waiver” on the next page of this form.
Step 2: Prepare photocopies of appropriate documentation showing you meet the criteria for an initial certification fee waiver as indicated below.
- If you filed a federal tax return for the most recent year, submit appropriate documentation as indicated for your filing status.
  - Single or Married Filing Jointly: Submit a copy of your most recent tax return.
  - Married Filing Separately and not legally separated: Submit a copy of your most recent tax return and your spouse’s tax return.
  - Married and legally separated: Submit a copy of your tax return and a copy of the court order.
- If you had income, but did not file a federal tax return, submit appropriate documentation as indicated below.
  - Single: A copy of your most recent W2 and/or 1099.
  - Married and not legally separated: A copy of both your and your spouse’s W2 and/or 1099.
  - Married and legally separated: A copy of your most recent W2 and/or 1099 and a copy of the court order.

Step 3: Mail in the completed form and supporting documents to the Arizona Department of Education, Certification Unit at the address below no more than three months before you will apply for initial certification.

Arizona Department of Education – Certification Unit
PO Box 6490
Phoenix, AZ 85005-6490

Step 4: The Certification Unit will mail you a letter to notify you if your request has been granted or denied, or if additional information is needed. Please allow up to four weeks for processing.

Step 5: If your request is approved, please submit a copy of the approval letter with a completed paper Application for Certification and supporting documents. Please note an application with a fee waiver may not be submitted through the AZEDCert online portal at this time.
Request for Initial Certification Fee Waiver – Family Income
Arizona Department of Education – Certification Unit

Section 1: Personal Information
Social Security Number: __________________________________________
Full Legal Name:  Last: ___________________________  First: ______________________
Former Name(s): ___________________________________________________________
Street Address: _____________________________________________________________
City: ______________________________  State: __________  Zip__________________
Primary Phone Number: ________________ Other Phone:_____________
Email Address: __________________________________________________________________

Section 2: Marital/Filing Status
1. What is your marital status?
   □ Single  □ Married  □ Separated  □ Divorced  □ Widowed
2. Have you filed federal tax returns?  □ Yes  □ No
   If “Yes”, please answer questions 3 and 4.  If “No” skip to Section 3.
3. What was the most recent year you filed tax returns?
4. What is your federal income tax filing status?
   □ Single  □ Married  □ Married Filing Separately  □ Head of Household
   □ Qualified Widow

Section 3: Income Information
Total Annual Income____________________  Family Size: __________
Documents submitted with Waiver Request form
□ Applicant’s Federal Tax Return  □ Applicant’s W2  □ Applicant’s 1099
□ Spouse’s Federal Tax Return  □ Spouse’s W2  □ Spouse’s 1099

Section 4: Signature
I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct.

________________________________________  ______________________
Signature                                  Date