



2400 Mahan Drive
Tallahassee, FL 32308

Application for Low Income Waiver of Initial Licensure Fee

Florida Board of Professional Engineers
Application for Low Income Waiver of Initial Licensure Fee

General Information

This form should be used by applicants requesting a waiver of the initial licensure fee based on their household income, before taxes, being at or below 130% of the federal poverty guidelines prescribed for the applicant's family household size by the United States Department of Health and Human Services. This waiver only applies to the licensing fee; other fees including application and unlicensed activity fees are still due at time of application. This waiver request is subject to approval by FBPE. **This form should be attached to your application for licensure.**

Instructions

*If you have any questions or need assistance in completing this application, please contact the Florida Board of Professional Engineers at **850.521.0500**.*

1. Application Instructions (by Section)

a. Section I – Applicant Information

- i. Use this form if you are applying to waive your initial licensure fee based on your household income being at or below 130% of the federal poverty guidelines as set forth in s. 455.219(7)(a), Florida Statutes.
- ii. A Social Security number is required in order to apply for any individual license with the Florida Board of Professional Engineers.
- iii. Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.

Note that all email addresses are public records pursuant to F.S. Chapter 119.011(12). If you wish to receive correspondence by email, a valid email address must be provided.

- iv. Contact information is often used to quickly resolve questions regarding applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

b. Section II – Fee Waiver Requirements

- i. Select one option that correctly indicates your eligibility for the fee waiver.
- ii. All applications must be accompanied by proof that the applicant is at or below 130% of the federal poverty guidelines. Proof may include documentation of enrollment in a state or federal program which requires applicants to be at or below 130% of the poverty guidelines, or by other documentation of income, such as income tax returns.

c. Section III – Affirmation by Written Declaration

- i. Applicant must sign the Affirmation by Written Declaration.
- ii. If the applicant fails to sign the affirmation statement, the board will not process the application.

Please mail your completed application to:

Florida Board of Professional Engineers
2400 Mahan Drive
Tallahassee, FL 32308

	APPLICATION FOR LOW INCOME WAIVER OF INITIAL LICENSURE FEE	
---	---	--

Section I – Applicant Information

PERSONAL INFORMATION			
Social Security Number*		License Applying For:	
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender ☐ Male ☐ Female	
Email Address: Do you wish to receive correspondence via email? Yes No All email addresses are public records pursuant to F.S. Chapter 119.011(12).		Phone Number:	
Alternate Email Address:		Alternate Phone Number:	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code
County (if Florida address)		Country	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Florida Board of Professional Engineers pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Florida Board of Professional Engineers to identify licensees for tax administration purposes.

Section II – Fee Waiver Requirements

FEE WAIVER REQUIREMENTS (Select one option below.)	
☒	I am currently enrolled in a state or federal public assistance program that requires participants to be at or below 130% of the federal poverty guidelines. <u>Documentation of enrollment is attached to this application.</u> State or Federal Public Assistance Program: _____
☐	I attest that my household income, before taxes, is at or below 130% of the federal poverty guidelines prescribed by the United States Board of Health and Human Services, as required in s. 455.219(7)(a), Florida Statutes. Annual Household Income: _____ Number of Dependents: _____

Section III – Affirmation by Written Declaration**AFFIRMATION BY WRITTEN DECLARATION**

Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Applicant**Sign Here F** _____**Date** _____**Print Name:** _____