Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Consumer Health Service
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ONE-TIME LICENSE FEE WAIVER

With the passage of HB2933, those individuals qualifying for a low income waiver may submit this form with their original application documentation for the following licenses. Please note, this does not apply to health profession licenses or registrations.

INSTRUCTIONS:

1. Fill out the appropriate application for the license you are applying for.
2. Compile all the necessary documentation for that license.
3. Fill out this license fee waiver form.
4. Compile the required proof of documentation for the fee waiver.
5. Submit the applications, forms and documentation to the address listed above.
    a. Do NOT submit the license fee.
    b. If exam fees apply, those must be submitted.

LICENSE TYPE:

Check one: ☐ INITIAL ☐ RENEWAL - License Number:_____

Please check the appropriate application type below:

☐ Registered Professional Sanitarian ($25)
☐ Registered Professional Environmental Specialist ($25)
☐ Body Piercing Artist ($250)
☐ Tattoo Artist ($250)

APPLICANT INFORMATION:

Applicant Name: _____ (First) _____ (MI) _____ (Last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

(Email is the primary mode of follow-up relating to submitted documentation.)

WAIVER DOCUMENTATION:

As proof of meeting the low-income requirements, please submit one of the following:

☐ Proof of enrollment in one of the following:
    ☐ Temporary Assistance for Needy Families (TANF)
    ☐ Medicaid
    ☐ Supplemental Nutrition Assistance Program
    ☐ Other State or Federal Assistance Program:_____

☐ Proof of household adjusted gross income below one hundred forty percent (140%) of the federal poverty line (i.e. current submitted tax documents)

Signature: _____ Date: _____

(NOTE: Retain a copy of the completed form for your files.)