

**State of West Virginia
WV Board of Respiratory Care
Application for Low Income Waiver of Initial Licensing Fee
Form # WVRC-LIW
General Information**

This form should be used by applicants requesting a waiver of the initial licensure fee based on their annual 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 the WV Board of Respiratory Care.

This form must be attached to your application for licensure.

Instructions

If you have any questions or need assistance in completing this application, please contact the WV Board of Respiratory Care at 304-558-1382.

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 WV Code § 30-1-22.
- ii. A Social Security number is required in order to apply for any individual license with the West Virginia Board of Respiratory Care.
- iii. Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.
- 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 Requirement

- i. Complete this section in its entirety.
To determine if you qualify for this fee waiver the Board will utilize the low-income calculator.

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 Department will not process the application.

Please mail your completed application to:

West Virginia Board of Respiratory Care
106 Dee Drive, Suite 1
Charleston, WV 25311

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**Section I – Applicant Information
PERSONAL INFORMATION**

Social Security Number*: _____

Last/Surname _____ First _____ MI _____ Suffix _____

Birth Date (MM/DD/YYYY) _____

Gender ___ Male ___ Female

Email Address: _____ Phone Number: _____

Alternate Email Address: _____ Alternate Phone Number: _____

MAILING ADDRESS

Street Address or P.O. Box _____

City _____ State _____ Zip Code _____

Country _____

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by West Virginia Code § 30-1-6 (d) for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

Section II – Fee Waiver Requirement

FEE WAIVER REQUIREMENT

_____ I attest that my annual household income, before taxes, is at or below 130% of the federal (initials) poverty guidelines prescribed by the United States Department of Health and Human Services.

Annual Household Income: _____

Income Before Taxes: _____

Number of Dependents Claimed on Applicant’s Most Recent Federal Tax Return*: _____

* If you claimed zero dependents please enter one dependent in the space provided. If you have not filed taxes or your number of dependents has changed since you last filed your taxes please enter your current number of dependents.

Section III – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION: I certify that I am empowered to execute this application as required by WV Code § 30-1-22. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **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.**

Signature: _____ Date: _____

Print Name: _____