** West Virginia State Board of Registration for Professional Engineers**

300 Capitol Street – Suite 910, Charleston, WV 25301

# FEE WAIVER REQUEST\*

# FOR MILITARY FAMILIES or LOW INCOME APPLICANTS

**INSTRUCTIONS:**

If you meet the requirements set forth in WV Code §30-1-23 (attached) for a waiver of initial occupational licensing fees for military families or low-income individuals, you may complete this form to request a fee waiver and forward it with your application to the WV State Board of Registration for Professional Engineers in lieu of a check. If the Board determines you to be ineligible for the fee waiver based on the documentation you provide, you will be contacted to supply additional information or to submit the required fee.

**REQUESTING WAIVER OF THE FOLLOWING INITIAL OCCUPATIONAL LICENSING FEE(S):**

\_\_\_\_\_ Initial PE Licensure Application Fee ($72)

\_\_\_\_\_ Comity Application Filing Fee ($135)

\_\_\_\_\_ Certificate/Seal Registration Fee ($23)

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Suffix (Sr., Jr., II, III)

Social Security Number \_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

Primary Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I acknowledge that I have attached the necessary documentation for the Board to verify my eligibility for a fee waiver. I also understand that if the Board determines I am ineligible for the fee waiver based on the documentation provided, I will be contacted for additional information or to submit the required fee.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

