ARKANSAS REGISTER

Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**

Secretary of State
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For Office Use Only:

Effective Date _____ Code Number _____

Name of Agency Arkansas Department of Labor & Licensing

Department Contractors Licensing Board

Contact Greg Crow E-mail gregory.crow@arkansas.gov Phone 5013711500

Statutory Authority for Promulgating Rules ACA 17.25.203(a)

Rule Title: 224.25.15 Fee Waiver

Intended Effective Date
(Check One)

- ☐ Emergency (ACA 25-15-204)
- ☑ 10 Days After Filing (ACA 25-15-204)
- ☐ Other _____ **(Must be more than 10 days after filing date.)**

	Date
Legal Notice Published	5.2.22, 5.3.22. 5.4.22
Final Date for Public Comment	6.7.22
Reviewed by Legislative Council	7.20.22
Adopted by State Agency	8.27.21

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Sherry Seiffert — Contact Person
Sherry.Seiffert@arkansas.gov — E-mail Address
7.27.22 — Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

_____ Signature

5013711500 — Phone Number
gregory.crow@arkansas.gov — E-mail Address

Administrator — Title

7.27.22 — Date

Revised 7/2015 to reflect new legislation passed in the 2015 Regular Session (Act 1258). This act changed the effective date from 30 days to 10 days after filing the rule.

Rule For Act 725 of 2021

Clean Copy

224-25-15

(a) An applicant may receive a waiver of the initial licensure fee, if eligible. Eligible applicants are applicants who:

(1) Are applying as a Sole Proprietor; and

(2) Are receiving assistance through the Arkansas, or current state of residence equivalent, Medicaid Program, the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, the Temporary Assistance for Needy Families Program, or the Lifeline Assistance Program; or

(3) Were approved for unemployment within the last twelve (12) months; or

(4) Have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

(b) Upon Agency request applicants shall provide documentation showing their receipt of benefits from the appropriate State Agency.

(1) For Medicaid, the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, the Temporary Assistance for Needy Families Program, or the Lifeline Assistance Program, documentation from the Arkansas Department of Human Services (DHS), or current state of residence equivalent agency; or

(2) For unemployment benefits approval in the last twelve (12) months, the Arkansas Department of Workforce Services, or current state of residence equivalent agency; or

(3) For proof of income, copies of all United States Internal Revenue Service Forms indicating applicant's total personal income for the most recent tax year e.g., "W2," "1099," etc.

(c) Applicants shall attest that they are entitled to the fee waiver and that the documentation provided under (b) is a true and correct copy. Fraudulent or fraudulently obtained documentation shall be grounds for denial or revocation of license.