

# ARKANSAS REGISTER

## Transmittal Sheet

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



Secretary of State

**John Thurston**

500 Woodlane, Suite 026

Little Rock, Arkansas 72201-1094

(501) 682-5070

[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Arkansas Department of Labor & Licensing  
Department Contractors Licensing Board/Residential Contractors Committee  
Contact Greg Crow E-mail gregory.crow@arkansas.gov Phone 501.371.1500  
Statutory Authority for Promulgating Rules ACA 17-25-504(4)

Rule Title: 224-25-5-16 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.)

Legal Notice Published .....

Final Date for Public Comment .....

Reviewed by Legislative Council .....

Adopted by State Agency .....

Date

5.22.22, 5.3.22,  
5.4.22

6.7.22

7.20.22

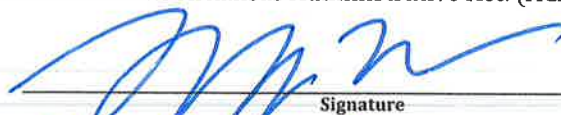
8.25.21

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

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

501-371-1500  
Phone Number

gregory.crow@arkansas.gov  
E-mail Address

Administrator  
Title

7/27/2022  
Date

Rule For Act 725 of 2021

Clean Copy

224-25-5-16

(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.