

## WAIVER OF EXAMINATION FEE

I, \_\_\_\_\_ am requesting a waiver of the examination fee for the following examination(s):

EXAM TITLE	EXAM NO.

\_\_\_\_\_ I QUALIFY FOR PUBLIC ASSISTANCE. (For example, Home Relief, Aide to Dependent Children or SSI). I have attached verification signed and dated by the proper authority indicating: type of agency, case number, type of assistance, effective dates.

\_\_\_\_\_ I QUALIFY AS UNEMPLOYED HEAD OF HOUSEHOLD. I am primary support of a household. Provide the following information:

Name and address of last place of employment: \_\_\_\_\_

\_\_\_\_\_

Date employment ended: \_\_\_\_\_

Names of others in the household, their relationship to you and incomes:

NAME	RELATIONSHIP	INCOME

Do you receive unemployment? YES  NO  If you are not receiving unemployment, please explain the reason why: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_