

LIMITED PSYCHOLOGY LICENSE FEE WAIVER FORM

TO BE COMPLETED BY EMPLOYER OR VOLUNTEER PSYCHOLOGIST

Pursuant to Section 455.561, Florida Statutes and Rule 64B19-11.010, Florida Administrative Code, if a person applying for a limited license submits a notarized statement from the employing agency or institution stating that he/she will not receive monetary compensation for any services involving the practice of psychology, the licensure fees shall be waived.

AFFIDAVIT

I, \_\_\_\_\_, being first duly sworn,  
state that the following psychologist:

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TYPE OR PRINT PSYCHOLOGIST'S NAME

will NOT receive monetary compensation for any service involving the practice of psychology from:

Agency/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signed: \_\_\_\_\_

Name (type or print): \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF: \_\_\_\_\_

The above person is personally known to me or has produced \_\_\_\_\_  
as identification.

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

(SEAL)

NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_