

**California Massage Therapy Council (CAMTC)**  
**Waiver of Filing Fee**

Applicants or certificate holders with gross monthly income of less than the specified Indigence Guidelines below are entitled to a waiver of filing fees. If you believe that you meet these requirements, please complete this form and submit it, along with all supporting documentation, by scanning and emailing this signed form and all supporting documentation to camtc@amgroup.us or by mailing this signed form and all supporting documentation to One Capitol Mall, Suite 800, Sacramento, CA 95814.

Name: \_\_\_\_\_

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

Drivers License Number (or State ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CAMTC ID or Certificate Number: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

**I hereby swear under penalty of perjury under the laws of the State of California that the forgoing is a true and correct statement.**

\_\_\_\_\_  
**Signature of Applicant or Certificate Holder**

**Indigence Guidelines**

<b>Persons in household</b>	<b>Indigence guideline (per month)</b>
1	\$1,134.38
2	1,532.30
3	1,930.21
4	2,328.13
5	2,726.05
6	3,123.96
7	3,521.89
8	3,919.81

For families with more than 8 persons, contact CAMTC

\*Individuals evidencing total amount of income for waiver of filing fees will need to submit tax returns from the previous tax year. Please provide documents of government assistance if applicable.