



**APPLICATION FOR FEE-EXEMPT RENEWAL BASED ON DISABILITY**

**Section 2499.8 of the Business and Professions Code states: "Any licensee who demonstrates to the satisfaction of the board that he or she is unable to practice podiatry due to a disability may request a waiver of the license renewal fee. The granting of a waiver shall be at the discretion of the board and may be terminated at any time. Waivers shall be based on the inability of a licensee to practice podiatry. A licensee whose renewal fee has been waived pursuant to this section shall not engage in the practice of podiatry unless and until the licensee pays the current renewal fee."**

NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

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For Completion By Attending Physician Only:

Describe Disability: \_\_\_\_\_

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\_\_\_\_\_

Diagnosis and estimated length of disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of attending physician (print)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Attending Physician/Date