



# ARIZONA REGISTRAR OF CONTRACTORS



## LICENSE APPLICATION (Limited Liability Company)

### THIS APPLICATION IS FOR LLCs ONLY

This License Application is for an LLC seeking to obtain an Arizona Contractor's License. You may submit this application through the online ROC portal by visiting the [My Account](#) section of the roc.az.gov website.

### **Steps to Obtain an Arizona Contractor's License: [Checklist](#)**

#### Requirements:

- 1) **Form a legal entity:** Register an LLC with the [Arizona Corporation Commission](#). Entity must be Active and In Good Standing and CANNOT be a name reservation.
- 2) **Include All persons** listed on the entity records at AZCC and all Owners of 25% or more in the Part 3: Persons section in the license application.
- 3) **Identify a Qualifying Party:** Each license must have a Qualifying Party who is either an owner or a regularly employed person with the necessary experience, knowledge and skills as defined under A.R.S. § 32-1122(E).
- 4) **Pass Examination(s)** The Qualifying Party must pass the required exams. Every Qualifying Party must complete a **Statutes & Rules course** (SRE) and a specific **trade exam**, unless eligible for a waiver.  
**Note:** Out of State Waivers only waive the trade exam (if appropriate), NOT the SRE.
  - To determine which exams are required, refer to the Registrar's [License Classification Requirements sheet](#).
  - The Qualifying Party can register to take the SRE through [GMetrix](#), and the trade exam through [PSI Exams Online](#).
  - For information about testing procedures, refer to [PSI's Candidate Information Bulletin](#).
- 5) **Government-Issued Identification.** The Qualifying Party listed in Part 2, and each individual listed in Part 3: Persons in this License Application must submit a copy of their government-issued identification with the application.
- 6) **Submit Background Checks.** The Qualifying Party listed in Part 2, and each individual listed in Part 3: Persons in this License Application must submit a receipt number for their [background check](#).  
**Note:** Background checks are only valid through the Registrar's background check vendor, PeopleG2 (and are only valid for a period of 90 days).
- 7) **Bond.** The Applicant must obtain and submit proof of a [Bond](#) for the classification applied for.
- 8) **Signatures:** Complete the signatures section in Part 6.
- 9) **Fees:** Pay the required application processing fee, license fee, and for dual or residential licenses, the recovery fund assessment.

**Supplemental Documents**– Attach the following documents if applicable.

**1. If the Applicant is a tiered entity, please see the [example tiered entity chart](#) and contact the Registrar’s Licensing Department at (602) 542- 1525 for assistance with questions.** A Tiered Entity is an entity that is owned or operated by another entity. For example, if "Red Corporation" is owned or operated by "Blue LLC," "Red Corporation" would be considered a Tiered Entity for the purposes of obtaining a contractor's license.

**2. License Cancellation Form:** If you currently have a license that you wish to cancel upon issuance of a new license, complete and attach a [License Cancellation Form](#).

**3. Felony Disclosure Forms.** If 'yes' is selected for any of the Felony Charges questions under Part 4, attach signed and completed [Felony Disclosure Forms](#) and supporting documentation.

**4. Unlicensed Activity Disclosure Forms:** If 'yes' is selected for any of the Unlicensed Activity questions under Part 4, attach signed and completed [Unlicensed Activity Disclosure](#) Forms and documentation of remedial measures.

**5. Solar Warranty:** A copy of the [solar warranty](#) (if applying for a solar license)

**6. Additional Part 3s:** If there is insufficient space to enter all of the required information in Part 3 of this application, print out, complete, and attach additional Part 3's to your application.

<b>Waivers</b>	
<p><b>In State Waiver (Statutes &amp; Rules Exam)</b> The named Qualifying Party has been active within the last 5 years as Qualifying Party on an existing Arizona license</p>	<p>Complete form <a href="#">In- State Waiver Request for Statutes and Rules Exam RC-L-200H</a> in place of the exam results for the Statutes and Rules if applicable</p>
<p><b>In State Waiver (Statutes &amp; Rules Exam &amp; Trade Exam)</b> The named Qualifying Party has been active within the last 5 years on an AZ License as Qualifying Party on the same classification</p>	<p>Complete form <a href="#">In- State Waiver Request for Statutes and Rules Exam RC-L-200H</a> and <a href="#">In- State Waiver Request Form for Trade Exam RC-L-200H</a> in place of the exam results for the Statutes and Rules and Trade exam if applicable</p>
<p><b>Out of State Waiver (Trade Exam):</b> The named Qualifying Party has been active on a comparable out of state license in the last 5 years as the Qualifying Party</p>	<p>Complete form <a href="#">Out-of-State Waiver Request form RC-L-200G</a> in place of the Trade exam if applicable. Note: The Arizona Statute and Rules Exam cannot be waived with an out of state waiver</p>

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812  
602.542.1525 • Toll Free 877.692.9762 • [roc.az.gov](http://roc.az.gov)

**Form  
RC-L-200B**

**LICENSE APPLICATION  
(LLC)**

**For Internal Use Only**

Pending # \_\_\_\_\_

**PART 1: APPLICANT INFORMATION**



To avoid delay or denial, the Applicant must completely and accurately fill out the following information.

- The business address you provide will be publicly available on the Registrar's website. An applicant must provide an address or location of the applicant's place of business, and a mailing address if it is different from the applicant's place of business. A.R.S. § 32-1122(B)(1)(h).
- To determine the appropriate License Classification Description in box 4, refer to the Registrar's [License Classifications](https://roc.az.gov/license-classifications) located at <https://roc.az.gov/license-classifications>.

1. Limited Liability Company Name		2. Optional DBA (Fictitious Trade Name)	
3. Arizona Corporation Commission File Number		4. Requested License Classification Description	
5. Business Address (No PO Boxes or Private Mail Boxes)	City	State	Zip Code
6. Mailing Address (If different than business address)	City	State	Zip Code
7. Phone Number	8. Email Address		
9. Prior to completing this application, did you or any other member of your organization participate in or watch a video of the Registrar's 'Applicant Education Seminar'?			
(Yes)		(No)	
<b>CONSENT</b>		<b>Enter [Mobile Number]</b>	
10. I consent to receive notifications from the Registrar by text messaging at the following telephone number .....			
<b>Workers' Compensation Coverage</b>			
Applicants are required to be in compliance with the statutes and rules governing Workers' Compensation coverage. See A.R.S. § 32-1122(B)(1)(i). <b>In general, if you have any employees, you must have Workers' Compensation insurance.</b> Please choose your Workers' Compensation Coverage type from the list below:			
1. Workers' Compensation Insurance:	Policy Number	Company Issuing Policy	
2. Self-Insured Employer (You Must Submit Documentation Showing Proof of Coverage with this Application)			
3. If an LLC employs one or more employees, an LLC is required to obtain workers' compensation insurance for those employees. In order to be exempt, the LLC must be a single member or 50/50 with no employees. Is your company exempt from worker's compensation requirements?		(YES)	(NO)

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812  
602.542.1525 • Toll Free 877.692.9762 • [roc.az.gov](https://roc.az.gov)

## PART 2: QUALIFYING PARTY

QUALIFYING PARTY			
<p>The "Qualifying Party" is a person who has an ownership interest or is regularly employed by the Applicant and is actively engaged in the classification of work for which the person qualifies on behalf of the Applicant. The Qualifying Party must have the necessary experience, knowledge and skills to supervise or perform the contracting work A.R.S. § 32-1101(A)(8).</p>			
1. Name as it appears on your government issued ID		2. Title/Position	3. Ownership %
4. Date of Birth (MM/DD/YYYY)	5. Driver's License or Government ID No.	6. Social Security Number	7. Are you a U.S. Citizen?
8. Residential Address		City	State
9. Mailing Address (If different than residential address)		City	State
10. Phone Number	11. Email Address		
CONSENT			
12. I consent to receive notifications from the Registrar by text messaging at the following telephone number			
13. Is the Qualifying Party currently active for another entity in AZ?			
<p>Pursuant to A.R.S. § 32-1127(A) the Qualifying Party listed below may act as the Qualifying Party for up to two licensees, but only when either:</p> <ol style="list-style-type: none"> <li>1. There is a common ownership of at least twenty-five percent of each licensed entity for which the person acts in a qualifying capacity; or</li> <li>2. One licensee is a subsidiary of another licensee for which the same person acts in a qualifying capacity. "Subsidiary" as used in this section means a corporation of which at least twenty-five percent is owned by the other licensee.</li> </ol>			
RELEVANT EXPERIENCE			
<p>I am applying for the classification listed in Part 1 and listed below, and I attest to having the requisite knowledge and experience dealing specifically with this type of construction, or its equivalent, as detailed on the roc.az.gov website. If this is a dual license, please refer to both the commercial and residential components.</p> <ul style="list-style-type: none"> <li>• Under A.R.S. § 32-1122(E)(1), at least two years of experience must be earned within the last ten years.</li> </ul>			
1. I hold the requisite experience in the form of (Select all that apply):			
<input checked="" type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Hands On <input checked="" type="checkbox"/> Military <input checked="" type="checkbox"/> Education			
2. Classification		3. Signature	
Reference Section (Required)			
1. Reference Name (If you would like you may provide a reference)			
2. Reference Phone Number			
3. Reference Email Address			

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812  
 602.542.1525 • Toll Free 877.692.9762 • [roc.az.gov](http://roc.az.gov)

## PART 3: PERSONS

COMPLETE AND ATTACH ADDITIONAL PART 3S AS NECESSARY TO PROVIDE THE INFORMATION FOR ALL OF THE FOLLOWING PERSONS ON THE LICENSE.

- Owners of 25% or more of the stock or beneficial interest of the LLC.
- If the Applicant is a Member-Managed LLC, then complete Part 3 for each Member.
- If the Applicant is a Manager-Managed LLC, then complete Part 3 for each Manager.

*This information is required under A.R.S. § 32-1122(B)(1)(d).*

*Every person listed on this application must be 18 years of age or older and must sign this application form under [Part 6: Signatures](#).*

### Arizona Corporation Commission Documents

*To determine which individuals are members or managers of an LLC, refer to the LLC's entity documents. Entity documents can be located using the Corporation Commission's [search tool](http://ecorp.azcc.gov/EntitySearch/index) located at <http://ecorp.azcc.gov/EntitySearch/index>.*

- *If any corporation, LLC, partnership, trust, or other business organization is listed on the applying entity's Arizona Corporation Commission documents, then please contact the Registrar's Licensing Department at (602) 542-1525 for assistance on completing the [tiered entity organization chart](#).*



This application is for a:	
Member-Managed LLC	Manager-Managed LLC

MEMBER / MANAGER			
All owners of 25% or more are required to provide the information below. All members on member-managed LLCs and all managers on manager-managed LLCs at Arizona Corporation Commission are also required to complete the below.			
1. Name as it appears on your government-issued ID			
2. Title/Position ("Member" or "Manager")	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	7. Are you a U.S. Citizen?
8. Business or Residential Address	City	State	Zip Code
9. Mailing Address (If different than business or residential address)	City	State	Zip Code
10. Phone Number	11. Email Address		
CONSENT		Enter [Mobile Number]	
12. I consent to receive notifications from the Registrar by text messaging at the following telephone number .....			

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812  
602.542.1525 • Toll Free 877.692.9762 • [roc.az.gov](http://roc.az.gov)

MEMBER / MANAGER			
<i>The Registrar requires all of the information below for each member (if the applicant is a member-managed LLC) or each manager (if the applicant is a manager-managed LLC)</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position ("Member" or "Manager")	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)	6. Social Security Number	7. Are you a U.S. Citizen?	
8. Business or Residential Address	City	State	Zip Code
9. Mailing Address (If different than business or residential address)	City	State	Zip Code
10. Phone Number	11. Email Address		
<b>CONSENT</b>		<b>Enter [Mobile Number]</b>	
12. I consent to receive notifications from the Registrar by text messaging at the following telephone number .....			

MEMBER / MANAGER			
<i>The Registrar requires all of the information below for each member (if the applicant is a member-managed LLC) or each manager (if the applicant is a manager-managed LLC)</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position ("Member" or "Manager")	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)	6. Social Security Number	7. Are you a U.S. Citizen?	
8. Business or Residential Address	City	State	Zip Code
9. Mailing Address (If different than business or residential address)	City	State	Zip Code
10. Phone Number	11. Email Address		
<b>CONSENT</b>		<b>Enter [Email / Telephone]</b>	
12. I consent to receive notifications from the Registrar by text messaging at the following telephone number .....			

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812  
602.542.1525 • Toll Free 877.692.9762 • [roc.az.gov](http://roc.az.gov)

**PART 4: DISCLOSURES:** *Failure to accurately answer these questions may be a material misrepresentation of fact and a violation of A.R.S. § 32-1154(A)(5)*

• PRIOR LICENSE INFORMATION	<i>Circle One</i>
1. Has the Qualifying Party listed in Part 2 or any individual listed in Part 3 Persons ever been named on a license in any state that was revoked or is currently suspended?	(Yes) (No)
<b>FELONY CHARGES</b> <i>Answering 'yes' does not automatically disqualify the Applicant from receiving a contractor's license.</i>	<i>Circle One</i>
2. Has the Qualifying Party listed in <a href="#">Part 2</a> or any individual listed in <a href="#">Part 3: Persons</a> of this application ever been convicted of a felony? <i>If 'yes' is selected, that person must complete and attach the <a href="#">Felony Disclosure Form</a> with this application.</i>	(Yes) (No)
3. Does the Qualifying Party listed in <a href="#">Part 2</a> or any individual listed in <a href="#">Part 3: Persons</a> of this application have a pending felony charge that has not yet received a disposition? <i>If 'yes' is selected, that person must complete and attach the <a href="#">Felony Disclosure Form</a> with this application.</i>	(Yes) (No)
UNLICENSED ACTIVITY	<i>Circle One</i>
4. Has the Qualifying Party listed in <a href="#">Part 2</a> or any individual listed in <a href="#">Part 3: Persons</a> of this application ever received a citation for, or been convicted of, contracting without a license in any state? <i>If 'yes' is selected, that person must complete and attach the <a href="#">Unlicensed Activity Disclosure Form</a> with this application.</i>	(Yes) (No)

**AGENCY DISCLOSURE**

- A.R.S. § 41-1030(B): An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- A.R.S. § 41-1030(D): This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- A.R.S. § 41-1030(E): A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- A.R.S. § 41-1030(F): This section does not abrogate the immunity provided by § 12-820.01 or 12-820.02.

## PART 5: REQUIRED DOCUMENTS



Before you submit your application, please review the following checklist. Missing documents will delay the processing of your application.



Review the License Application and ensure that it contains the following:

- Exam Results. The Qualifying Party's original exam results, or a [Completed Waiver Form](#).
- Background Checks. Copies of the payment transaction receipt from the [background check](#) for every individual named in [Part 3: Persons](#) and the Qualifying Party.
- Bond. Completed original [Bond Verification Form](#).
- Fees. The required [application fee, licensing fee and for dual or residential licenses also include the recovery fund assessment](#)
- Government-Issued Identification. The Qualifying Party listed in Part 2, and each individual listed in [Part 3: Persons](#) in this License Application must submit a legible copy of a government issued photo identification with the application. Acceptable forms of identification include a valid driver's license or passport.
- Signatures. Completed [Signatures](#) section (see next page).

SUPPLEMENTAL DOCUMENTS – Attach the following documents if necessary..

- Additional Part 3s: If there is insufficient space to enter all of the required information in Part 3 of this application, print out, complete, and attach additional Part 3s to your application.
- License Cancellation Form. If you currently have a license that you wish to cancel upon the issuance of a new license, complete and attach a [License Cancellation Form](#).
- Felony Disclosure Forms. If 'yes' is selected for any of the [Felony Charges questions](#) under, Part 4, attach signed and completed [Felony Disclosure Forms](#) and supporting documentation.
- Unlicensed Activity Disclosure Forms. If 'yes' is selected for any of the [Unlicensed Activity questions](#) under Part 4, attach signed and completed [Unlicensed Activity Disclosure Forms](#) and documentation of remedial measures.
- Solar Warranty. A copy of the solar warranty (if applying for a solar license)

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812  
602.542.1525 • Toll Free 877.692.9762 • [roc.az.gov](http://roc.az.gov)



## PART 6: SIGNATURES

By signing below, each person certifies that the entire contents of this License Application Form, including all supplementary statements and materials attached, are true and correct, and that this application is not submitted with the intent to evade Chapter 10, Title 32 of the Arizona Revised Statutes.

A.R.S. § 32-1154(A)(9). It is a violation of A.R.S. § 32-1154(A)(5) to make a misrepresentation of a material fact in obtaining a license.

### Qualifying Party

*The Qualifying Party listed under [Part 2: Qualifying Party](#) must sign this application below*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Persons

*Every person listed under [Part 3: Persons](#) must sign this application, even if they already signed above. If you need additional space for signatures, complete and attach additional signature pages with your application.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

LICENSE BOND

THIS BOND MUST BE ON FILE WITH THE ARIZONA REGISTRAR OF CONTRACTORS

STATE OF ARIZONA  
REGISTRAR OF CONTRACTORS

BOND NO: \_\_\_\_\_

That \_\_\_\_\_

as the principal, and \_\_\_\_\_

(Surety)

a corporation, duly authorized and licensed to transact surety business in the State of Arizona, are held and firmly bound unto the State of Arizona for the benefit of those persons described in A.R.S. §32-1152, as amended, in the penal sum set forth for the classification of license described:

LICENSE CLASSIFICATION	PENAL SUM
_____	_____
_____	_____
_____	_____

The Principal has applied to the Registrar of Contractors of the State of Arizona for a license to conduct the business of contracting under the above-described classifications and submits this bond to comply with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Liability under this bond is limited to the penal sum for each classification of work performed by the principal. Liability under each classification shall be determined strictly in accordance with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Upon making payment to a claimant against the bond, the Surety shall immediately give written notice to the Principal and the Registrar of Contractors of the date and amount of payment.

The amount of this bond is based on the representation of the Principal of the anticipated annual gross volume of work pursuant to Rule R4-9-112.

This bond becomes effective on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNED, SEALED AND DATED \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Contractor (Principal)

By: \_\_\_\_\_  
Signature Attorney-In-Fact (Must be Notarized)

\_\_\_\_\_  
Title of Signer

By: \_\_\_\_\_  
Print or Type Name of Attorney-In-Fact

\_\_\_\_\_  
Print or Type Name of Contractor (Principal)

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

**THE ORIGINAL BOND MUST BE SIGNED BY THE PRINCIPAL, ATTORNEY-IN-FACT AND THE NOTARY PUBLIC AND BE FILED WITH THE REGISTRAR OF CONTRACTORS AT: 1700 W. Washington St. Ste. 105, PHOENIX, AZ 85007-2812, TO COMPLY WITH A.R.S. § 32-1152 Mail to: P.O. Box 6688, Phoenix, AZ 85005-6688**

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_  
State of: \_\_\_\_\_  
County of: \_\_\_\_\_