## **Building Confidence Program Request Form**

Mail To: Registrar of Contractors P.O. Box 18243 Phoenix, AZ 85005-8243



## Departmental Use Only

| Received by     |  |
|-----------------|--|
| Investigator    |  |
| Investigation # |  |

The Building Confidence program is an informal process to resolve construction disputes (A.R.S. § 32-1104(B)(2)). After a Building Confidence Program Request Form is filed, the Registrar of Contractors (ROC) will notify the property owner and the contractor of the inspection date and time. After the inspection, the ROC will notify the property owner and the contractor of the findings.

| Person Requesting AZ ROC's Building Confidence Visit                 |                   |          |                               |                           |                              |       |          |          |           |              |
|--|-------------------|----------|-------------------------------|---------------------------|------------------------------|-------|----------|----------|-----------|--------------|
| Full Name (Last, First, Middle)                                      |                   | Bu       | Business Name (if applicable) |                           |                              |       |          |          |           |              |
|  |                   |          |                               |                           |                              |       |          |          |           |              |
| Are you the prop   | erty owner or the | contra   | actor?                        | Property Owner Contractor |                              |       |          |          |           |              |
| If you are the property owner, will you allow the continspection?    |                   |          | trac                          | ctor to be present at the | e                            |       | Yes      | N        | o         |              |
| I consent to receive communications electronically in connection wit |                   |          | nnection with this pro        | gran                      | 1.                           | Yes   | s N      | Го       |           |              |
| <b>Property Owne</b>   |                   |          |                               |                           |                              |       |          |          |           |              |
| Full Name (Last, First, M  | liddle)           |          |                               | Bu                        | usiness Name (if applicable) |       |          |          |           |              |
|  |                   |          |                               |                           |                              |       |          |          |           |              |
| Mailing Address  |                   |          |                               | Cit                       | ty                           |       | State    |          | Zip       |              |
|  |                   |          |                               |                           |                              |       |          |          |           |              |
| Phone Number   |                   |          | Email                         | ı                         |                              |       |          | <u> </u> |           |              |
|  |                   |          |                               |                           |                              |       |          |          |           |              |
| Contractor Information   |                   |          |                               |                           |                              |       |          |          |           |              |
| Name (as shown on contract/invoice)                                  |                   |          |                               |                           | ROC License Number(s)        |       |          |          |           |              |
|  |                   |          |                               |                           |                              |       |          |          |           |              |
| Mailing Address  |                   |          |                               | Cit                       | ty                           |       | State    |          | Zip       |              |
|  |                   |          |                               |                           |                              |       |          |          |           |              |
| Phone Number   |                   |          | Email                         |                           |                              |       |          |          |           |              |
|  |                   |          |                               |                           |                              |       |          |          |           |              |
| Project Information  |                   |          |                               |                           |                              |       |          |          |           |              |
|  |                   |          | Cit                           | ty                        |                              | State |          | Zip      |           |              |
|  |                   |          | ,                             |                           |                              |       |          |          | -         |              |
| Contract Date  | Date Work Started | Close o  | f Escrow (New Hon             | 1e)                       | Move-In Date (New Home)      | Date  | - Work W | Jas Ceas | sed or Wa | s Completed  |
| Contract Date  | Date Work Started | Close 0. | Liberow (New Holl             | .ic)                      | Move in Date (New Hollie)    | Dan   | VIOIR W  | us CCas  | sea or wa | .s completed |
|  |                   |          |                               |                           |                              |       |          |          |           |              |

| Item(s) of Concern  |                    |      |  |  |  |  |
|---|--------------------|------|--|--|--|--|
| Numerically list and briefly describe each item (attach additional pa                                       | ages if necessary) |      |  |  |  |  |
| 1.  |                    |      |  |  |  |  |
| 2.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 3.  |                    |      |  |  |  |  |
| 3.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 4.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 5.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 6.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 7.  |                    |      |  |  |  |  |
| 7.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 8.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 9.  |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| 10.   |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| Signature   |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |
| I understand that by submitting this form I am requesting a building confidence inspection. I understand    |                    |      |  |  |  |  |
| that a building confidence inspection is not a formal complaint or investigation. I understand that         |                    |      |  |  |  |  |
| requesting a building confidence inspection does not extend the two-year period for submitting a formal     |                    |      |  |  |  |  |
| complaint. I understand the investigator's findings represent the opinion of the investigator and are not a |                    |      |  |  |  |  |
| final order of the ROC.   |                    |      |  |  |  |  |
| Printed Name  | Signed             | Date |  |  |  |  |
|   |                    |      |  |  |  |  |
|   |                    |      |  |  |  |  |