ARIZONA REGISTRAR OF CONTRACTORS

Katie Hobbs, Governor *Jeff Fleetham, Director*

✓ Form RC-L-222

Application to Reactivate License

Instructions

A.R.S. § 32-1125.01 provides laws governing the inactivation of a contractor license. To resume contracting after a license has been made inactive, the licensee must submit an application to reactivate the license and pay the license renewal fee. The licensee is not required to re-take an exam to reactivate the license. A reactivation application must be submitted 30 days prior to the expiration of the five-year inactive period. If a license is not reactivated during the inactive period it will expire.

1. Company Name: Provide the company name, which is the name that appears on the license and is the actual name under which the contracting business operates.

2. License Number: Provide the license number that is currently Inactive that you wish to reinstate to a current status.

3. License Classification: Provide the classification of the license.

4. Sign the Application: An authorized signer must sign the application (an authorized signer is an owner of a sole proprietorship, a partner of a partnership, an officer of a corporation, or a member of a limited liability company).

5. Mail the Application: P.O. Box 6748, Phoenix, AZ 85005-6748

or

Deliver the Application: 1700 W Washington St, Ste 105, Phoenix, AZ 85007-2812

Additional Information to Submit with Your Application:

- The appropriate fees (See chart below).

Classification	License Fee	Recovery Fund Assessment	Total
General Commercial	$580	$0	**$580**
Specialty Commercial	$480	$0	**$480**
General Residential	$320	$270	**$590**
Specialty Residential	$270	$270	**$540**
General Dual	$480	$270	**$750**
Specialty Dual	$380	$270	**$650**

- A clear copy of a government issued ID for each person listed on the license.
- A license bond (surety bond, cash or alternative to cash), a bond reinstatement or a full force and effect letter from the surety company for the bond already on file. Information about bonds can be found on our website at https://roc.az.gov/bond-information
  - Contractors that have Certificates of Deposit (CDs) on file in lieu of surety or cash bonds must provide the most recent bank statement from the issuing financial institution that the Certificate of Deposit (CD) is current and in good standing pursuant to A.R.S. §§ 32-1152(A) & A.R.S. 32-1152.01, or provide a cash or surety bond to replace the CD.

- An Ownership/Personnel Change Form to update ownership information or personal information including, date of birth, social security number, percentage of ownership, address, phone number or email.
- Please note that the Registrar needs to update address information including email addresses for personnel and the Account. Include an Address Change Form (attached) to update addresses, including email addresses.

Complete this form to request to Reactivate an Inactive license. **You must complete this form for each license you wish to Reactivate.**

STOP	If you fail to reactivate your license by the end of the five-year inactivation period, the license will expire. If a license expires, it cannot be reactivated, and the contractor must submit a new license application. See A.R.S. § 32-1125.01(B).	STOP

PART 1: LICENSE INFORMATION

Provide the following information for the license you wish to Reactivate.			
1. Business Name on License, including DBA if applicable			
2. License Classification		3. License Number	
4. Business Address	City	State	Zip Code
5. Phone Number		6. Email Address	

PART 2: Attestation

By initialing each item below, I certify that the following are true:	
1. **Bond or Equivalent:** A valid surety bond, cash deposit, or certificate of deposit is on file with the Registrar. If you have a CD, you must provide a statement issued within the last 90 days from the financial institution holding the CD that shows that the CD "is in full force and effect" and "automatically renewable" with a future maturity date.	☐
2. **Timeliness**: Both your Application for Reactivation and the required fee were received by the Registrar thirty days prior to the end of the inactivation period.	☐
3. **Felony Conviction Disclosure:** No one named on your license has been convicted of a felony that has not been previously disclosed to the registrar. *If a person named on your license has been convicted of a felony that was not previously disclosed, that person must complete and attach the Felony Disclosure Form with this application.*	☐
4. **Business Entities:** Any business entity named on the license that is required to be registered, is currently in good standing with the Arizona Corporation Commission.	☐

5. Qualifying Party: The Qualifying Party is still associated with this license entity. If the qualifying party is no longer associated with this license, and you are adding a new qualifying you will need to submit the New QP application along with the fee, background checks and photo ID. Find the form at: https://roc.az.gov/forms	☐
6. Changes in Ownership: Per A.R.S. § 32-1122(B)(4), update any changes in ownership of 25% or more by including a completed Personnel Change form RC-L-286.	☐

Workers' Compensation Coverage

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). In general, if you have any employees, you must have Workers' Compensation insurance. 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.	Exempt: Any of the following *without any employees*: Sole-Proprietorship, Single Member LLC, 50/50 Two-Member LLC, 50/50 Shareholder Corporation, or a Partnership.		(YES)	(NO)

PART 3: SIGNATURE

By signing below, I request the Reactivation of the license identified in Part 1. I certify that the entire contents of this License Reactivation Form, including all supplementary statements and materials attached, are true and correct.

1. Name of Person Requesting Reactivation	2. Title of Person Requesting Reactivation	3. Phone Number of Person Requesting Reactivation

- **I acknowledge that I am a person named on this license for the purposes and duties of all Registrar statutes and rules, including, but not limited to, A.R.S. §§ 32-1122, 32-1139(B), and 32-1154.**
- **These purposes and duties include violations arising out of or relating to agreements that were entered into, monies received, or work performed, while I am named on this license.**

_____ _____

Signature Date

ARIZONA REGISTRAR OF CONTRACTORS

1700 W. Washington St. Suite 105 ● Phoenix AZ 85007-2812 ● 602-542-1525 ● AZ Toll Free 877-692-9762 ● Fax 602-542-1599

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UPDATE ADDRESS, PHONE and EMAIL

Return this (printed or typed) form to the Phoenix office at **P.O. Box 6688, Phoenix, AZ 85005-6688**.
After two weeks, verify your address has been received and recorded by checking your company at our web site https://roc.az.gov.

A.R.S. § 32-1122(B)(I)(H) requires applicants provide the "address or location of the place of business" referred to in this form as the business address. A separate mailing address must also be listed if different from the place of business. Examples of mailing addresses include but are not limited to a P.O. Box, PMB or mailbox store address.

Note: You are responsible for maintaining a correct address with the agency. An incorrect mailing address of record could result in disciplinary action or even revocation of a license should you not receive legal notification of any agency action. This mailing address will become your official address of record and all Registrar of Contractors' correspondence will be sent to your new mailing address.

Company Name: _____ **Date:** _____

License Numbers:

#_____ #_____ #_____ #_____ #_____ #_____ #_____

Mailing Address

Old Mailing Address	City	State	ZIP

New Mailing Address	City	State	ZIP

Business Address

Old Business Address	City	State	ZIP

New Business Address	City	State	ZIP

Email Address, Phone Number and/or Fax Number

Old Email Address	Old Phone Number	Old Fax Number

New Email Address	New Phone Number	New Fax Number

By completing this Address Change form you acknowledge your understanding that this mailing address change applies to **all** licenses held by this company. You also acknowledge your understanding that all correspondence from the Registrar for any license held by your company will be sent to the Mailing Address provided.

X_____ _____ _____ _____

Signature of Owner, Partner, Member or Corporate Officer **(Employee QPs may not sign)** | Printed Name of Signer | Title | Date

ARIZONA REGISTRAR OF CONTRACTORS

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Form RC-L-201E	OWNERSHIP/PERSONNEL CHANGE FORM (TO ADD/UPDATE PERSONNEL AND CONTACT INFO)

INSTRUCTIONS

Use this Ownership/Personnel Change Form to add or remove owners and personnel on an existing license. You may also use this form to update personnel and contact information on an existing license.

Mail in or drop off this request and required documentation to: Arizona Registrar of Contractors
1700 W Washington St., Ste. 105
OR Phoenix, Arizona 85007

Email this request and required documentation to: Licensing@roc.az.gov

CHECKLIST (ADDING PERSONNEL ONLY)

In addition to submitting the Ownership/Personnel Change Form, you must also submit the following for any person being added:

- ☐ **Background Check.** A copy of the payment transaction receipt from the background check for any individuals being added to an existing license.
- ☐ **Government-Issued Identification.** A legible copy of government-issued photo identification for any individual being added to the license(s). Acceptable forms of identification include a valid driver's license or passport.
- ☐ **Supplemental Disclosure Forms.** Include any applicable disclosure forms requested in Part 2.
- ☐ **Signatures.** Completed signatures section.

TIERED ENTITIES

If you are adding or removing an entity as an owner/member you must submit the Tiered Organizational Chart.

REMOVAL OF A QUALIFYING PARTY

If the Qualifying Party is being removed as a member/manager, owner, or director/officer and must also be removed as a Qualifying Party, then you must submit the Qualifying Party Disassociation Form as well.

AGENCY DISCLOSURE

Pursuant to A.R.S. § 41-1030(G), the Registrar provides the following disclosures:

- **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 2-820.02.

*****DO NOT SUBMIT THESE INSTRUCTIONS WITH YOUR FORM*****

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Form RC-L-201E	OWNERSHIP/PERSONNEL CHANGE FORM (TO ADD/UPDATE PERSONNEL AND CONTACT INFO)

PART 1: LICENSE INFORMATION

NAME OF LICENSED ENTITY	
1. Business Name or Sole Proprietor's Full Name, including DBA if applicable	2. License Numbers for this entity (Separate multiple licenses using commas)

PART 2: PERSONNEL INFORMATION

PERSONNEL INFORMATION:

Enter the information for any person being added to or removed from the license(s). This may also be used to amend an existing person's information (e.g. name, current ownership percentage, and title/position).

1. Name as it appears on your government issued ID				
2. Add/Remove/Change (note or circle one)	3. Current Ownership Percentage	4. Title or Position		
5. Date of Birth (MM/DD/YYYY)	6. Driver's License or Government ID (State and Number)	7. Social Security Number		
8. Residential Address	City	State	Zip	
9. Phone Number	10. Email Address			

CONSENT	SELECT ALL THAT APPLY
I consent to receive notifications from the Registrar at the contact information provided above via …….	☐ Email ☐Text Message

"Notifications" include renewal notices and monthly newsletters. By consenting to receive notifications via text or email, you will not be excluded from receiving notifications by regular mail.

PERSONNEL INFORMATION:

Enter the information for any person being added to or removed from the license(s). This may also be used to amend an existing person's information (e.g. name, current ownership percentage, and title/position).

1. Name as it appears on your government issued ID				
2. Add/Remove/Change (note or circle one)	3. Current Ownership Percentage	4. Title or Position		
5. Date of Birth (MM/DD/YYYY)	6. Driver's License or Government ID (State and Number)	7. Social Security Number		
8. Residential Address	City	State	Zip	
9. Phone Number	10. Email Address			

CONSENT	SELECT ALL THAT APPLY
I consent to receive notifications from the Registrar at the contact information provided above via …….	☐Email ☐ Text Message

"Notifications" include renewal notices and monthly newsletters. By consenting to receive notifications via text or email, you will not be excluded from receiving notifications by regular mail.

PERSONNEL INFORMATION: *Enter the information for any person being added to or removed from the license(s). This may also be used to amend an existing person's information (e.g. name, current ownership percentage, and title/position).*				
1. Name as it appears on your government issued ID				
2. Add/Remove/Change (note or circle one)	3. Current Ownership Percentage	4. Title or Position		
5. Date of Birth (MM/DD/YYYY)	6. Driver's License or Government ID (State and Number)	7. Social Security Number		
8. Residential Address	City	State	Zip	
9. Phone Number	10. Email Address			

CONSENT	SELECT ALL THAT APPLY
I consent to receive notifications from the Registrar at the contact information provided above via …….	☐ Email ☐Text Message
"Notifications" include renewal notices and monthly newsletters. By consenting to receive notifications via text or email, you will not be excluded from receiving notifications by regular mail.	

PART 3: DISCLOSURES

DISCLOSURES *Only persons being added to an existing license must answer the following questions and provide any applicable supplementary documents. If this does not apply to you, skip to Part 3.* ***Note: Failure to accurately answer these questions is a material misrepresentation of fact and a violation of A.R.S. §32-1154(A)(5).***	
DISCIPLINED LICENSE INFORMATION *If 'yes' is selected for question 1, the applicable person(s) must complete and attach a Disciplined License Disclosure Form with this application.*	***Select One***
1. Has any person being added ever been named on a contractor's license in any state (including Arizona) that was revoked, disciplined, or suspended?	☐ Yes ☐ No
FELONY CHARGES *If 'yes' is selected for questions 2 or 3, the applicable person(s) must complete and attach the Felony Disclosure Form with this application. Answering 'yes' does not automatically disqualify the person(s) being added from being listed on the existing license(s).*	***Select One***
2. Has any person being added ever been convicted of a felony?	☐ Yes ☐ No
3. Does any person being added have a felony charge pending?	☐ Yes ☐ No
UNLICENSED ACTIVITY *If 'yes' is selected for question 4, the applicable person(s) must complete and attach the Unlicensed Activity Disclosure Form with this application.*	***Select One***
4. Has any person being added ever received a citation for, or been convicted of, contracting without a license in any state (including Arizona)?	☐ Yes ☐ No

PART 4: SIGNATURES

Authorized Representative

*An authorized person must sign this form. An **authorized person** is an individual that is already listed on the license as an owner or operator. If an authorized person does not sign this form, the Registrar will not accept this request.*

I acknowledge that I am a Person named on this license for the purposes and duties of all Registrar statutes and rules, including, but not limited to, A.R.S. §§ 32-1122, 32-1139(B) & 32-1154.

I certify that I have reviewed the entire contents of this application and all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate. I understand that falsification of any information on this application is a violation of the Arizona Criminal Code in Arizona Revised Statutes, Title 13, Chapter 27. I understand that pursuant to A.R.S. §§ 32-1154(A)(5)(19) & 32-1122(D) providing false information is cause for denial of this application and cause for discipline of ROC licenses.

I authorize the personnel listed in Part 2 to be added to or removed from the entity noted in Part 1.

_____	_____	_____
Print Name	Signature	Date

Owner or Personnel Being Added/Removed

The person listed in Part 2: Personnel Change/Information must sign this application.

I certify that I have reviewed the entire contents of this application and all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate. I understand that falsification of any information on this application is a violation of the Arizona Criminal Code in Arizona Revised Statutes, Title 13, Chapter 27. I understand that pursuant to A.R.S. §§ 32-1154(A)(5)(19) & 32-1122(D) providing false information is cause for denial of this application and cause for discipline of ROC licenses.

I acknowledge I will be a person named on this license for the purposes and duties of all Registrar statutes and rules, including, but not limited to, A.R.S. §§ 32-1122, 32-1139(B) & 32-1154. These purposes and duties include liability for violations arising out of or relating to agreements that were entered into, monies received, or work performed while I am named on this license.

I understand that because A.R.S. § 32-1155(A) and A.R.S § 32-1162(A) establishes a two-year period for the filing of complaints, my liability for violations of Registrar statutes and rules continues for up to two years after I am removed from this entity.

By submission of this application, I consent to a criminal background investigation pursuant to A.R.S. § 32-1122(H).

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date