



ARIZONA REGISTRAR OF CONTRACTORS



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Katie Hobbs, Governor

Martin Quezada, Director

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 Printed Name of Signer Title Date
(Employee QPs may not sign)