

PHOENIX OFFICE  
1700 W. WASHINGTON ST. STE. 105  
PHOENIX, AZ 85007-2812  
(602) 542-1525 or AZ TOLL-FREE  
1-877-MY AZROC (1-877-692-9762)



## ARIZONA REGISTRAR of CONTRACTORS

*Katie Hobbs, Governor*

*Martin Quezada, Director*

### REQUEST FOR AFFIDAVIT

I REQUEST AN AFFIDAVIT ON THE FOLLOWING COMPANY(S) OR PERSON(S).

A REQUEST FOR AN AFFIDAVIT IS A \$10.00 MINIMUM FEE. AN ADDITIONAL \$10.00 WILL BE CHARGED FOR EVERY HOUR OVER THE FIRST HOUR OF PROCESSING.

**MAIL TO: P.O. BOX 6748, Phoenix, AZ 85005-6748**

PLEASE TYPE OR PRINT IN INK:

Name of Individual: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_

License Number(s): \_\_\_\_\_

\_\_\_\_\_

This affidavit is requested for the following purpose or to show that: \_\_\_\_\_

\_\_\_\_\_

I request the following information to be included in the affidavit if possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME OF

SIGNER: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish the affidavit to be mailed to the above address.

I wish to pick up the affidavit when ready.