

## ARIZONA REGISTRAR OF CONTRACTORS



## (Corporation)

#### THIS APPLICATION IS FOR CORPORATIONS ONLY

This License Application is for a Corporation 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 a Corporation with the <u>Arizona Corporation Commission</u>. 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 of 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 <u>License Classification</u> Requirements sheet.
- •The Qualifying Party can register to take the SRE through <u>GMetrix</u>, and the trade exam through <u>PSI Exams Online</u>.
- •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 (see website for link) 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 <u>example tiered entity chart</u> 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 <u>License Cancellation Form</u>.
- **3. Felony Disclosure Forms.** If 'yes' is selected for any of the Felony Charges questions under Part 4, attach signed and completed <u>Felony Disclosure Forms</u> 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 <a href="Unlicensed Activity Disclosure">Unlicensed Activity Disclosure</a> Forms and documentation of remedial measures.
- **5. Solar Warranty:** A copy of the <u>solar warranty</u> (if applying for a solar license or a license with a solar component)
- **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.

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

1700 W. Washington Street, Suite 105 ● Phoenix AZ 85007-2812 602.542.1525 ● Toll Free 877.692.9762 ● roc.az.gov

Form RC-L-200C Rev. 07/30/2024

# Form RC-L-200C

## LICENSE APPLICATION

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n)	Pending #

For Internal Use Only

(Corporation)

## PART 1: APPLICANT INFORMATION

To avoid delay or denial, the Applicant must completely and accurately fill out the following information.								
<ul> <li>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).     </li> <li>To determine the appropriate License Classification Description in box 4, refer to the Registrar's</li> </ul>								
<u>License Classifica</u>	tions located a	t https					tions.	
1. Corporation Name				2. Optional D	BA (Fictitious Tr	ade Name)		
3. Arizona Corporation Commission File N	lumber			4. Requeste	d License Class	ification Descrip	otion	
5. Business Address (No PO Boxes or Priv	vate Mail Boxes)		City			State	Zip Code	
6. Mailing Address (If different than busing	ess address)		City			State	Zip Code	
7. Phone Number		8. Email	Addres	dress				
9. Prior to completing this application, did g	you or any other membe	r of your o	rganiza	tion particip	ate in or watch a	a video of the Re	gistrar's 'Applican	İ
(Yes) (No)								
Con	NSENT				Ent	ter [Mobile	Number]	
10. I consent to receive notif text messaging at the follow								
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' Policy Number Company Issuing Policy								
Compensation Insurance:								
2. Self-Insured Employer (You Must Submit Documentation Showing Proof of Coverage with this Application)								
3. If a Corporation employs one or more employees, the Corporation is required to obtain workers' compensation insurance for those employees. In order to be exempt, the Corporation must be a single officer or 50/50 with no employees. Is your company exempt from worker's compensation requirements? (YES)						(NO)		

## PART 2: QUALIFYING PARTY

FART Z. QUALIFTING FART	l T						
		QUALIFYING I	DADTV				
The "Qualifying Party" is a person whis actively engaged in the classification Qualifying Party must have the necessity contracting work A.R.S. § 32-1101(A)	o has an o on of work cessary ex	ownership int c for which th	erest or ne perso	on qua	alifies on beha	If of th	ne Applicant. The
1. Name as it appears on your government issued ID			2. Title/Po	sition		3. Ownership %	
4. Date of Birth (MM/DD/YYYY)	5. Driver's Lic	t ID No. 6. Social Security N			ımber	7. Are you a U.S. Citizen?	
8. Residential Address		City		State		Zip Code	
9. Mailing Address (If different than residential address)		City		State		Zip Cod	е
10. Phone Number	11. Email Addres	5S					
Consent							
12. I consent to receive notifications by text messaging at the following tel							
13. Is the Qualifying Party currently ac entity in AZ?	tive for ar	nother					
Pursuant to A.R.S. § 32-1127(A) the C	ualifying F	Party listed b	elow ma	ay act	as the Qualifyi	ing Pa	rty <u>for</u>
up to two  1. There is a common ownership of at person acts in a qualifying capacity; or  2. One licensee is a subsidiary of anot capacity. "Subsidiary" as used in this percent is owned by the other licensee	least twen ther licens section m	ee for which	ent of ea	ach lic ne per	son acts in a	qualify	ving
	Re	LEVANT EXPE	RIENCE				
I am applying for the classification lis and experience dealing specifically with the this is a dual license, pl • Under A.R.S. § 32-1122(E)(1),	nis type of c ease refer t	construction, o to both the cor	r its equi <sup>,</sup> nmercial	valent, and re	as detailed on t sidential compo	he roc. nents.	az.gov website. If
1.I hold the requisite experience in the form of (Select a Supervisor Hands On		ilitary	Educat	tion			
2. Classification		3. Sig	nature				
	Refer	ence Section (	Require	d)			
1. Reference Name							
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 ● <u>roc.az.gov</u>

## **Relevant Experience**

The Qualifying Party must demonstrate sufficient experience as required by the desired license classification. The required amount of experience can be determined by referring to the License Classification Requirements table. Technical training, military service, diplomas, or certifications may be submitted to substantiate experience, or a portion of experience.

- Under A.R.S. § 32-1122(E)(1), at least two years of experience must be earned within the last ten years.
- If additional space is needed, complete and attach as many "Additional Relevant Experience" pages as necessary.

Business name of Employer or Self-Employed
1.
2. Start date of Experience:
3. End date of Experience:
4. Average Hours Worked Per Week:
5. I Hold the requisite experience in the form of (Select all that apply):
☐ Hands On ☐ Supervisory ☐ Military ☐ Education

## PART 3: PERSONS

Complete and attach additional PART 3S as necessary to provide the information for <u>All</u> of the following Persons on the License.

- Owners of 25% or more of the stock or beneficial interest of the Corporation
- Directors
- President, Vice-President, Secretary, Treasurer, or the functional equivalent of these officers

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

Every person listed on this application must be 18 years of age or older and must sign this application form under <u>Part 6</u>: <u>Signatures</u>.

### **Arizona Corporation Commission Documents**

All persons listed on the entity documents filed with the Arizona Corporation Commission must be listed in this section. Entity documents can be located using the Corporation Commission's search tool: https://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.

Officer/Director/Owner  All owners of 25% or more are required to provide the information below. The Registrar requires all of the information below for officers and directors.  1. Name as it appears on your government-Issued ID						
2. Title/Position (Officer, Director, Owner)	3. Ownership % 4. Date of Birth (MM		4. Date of Birth (MM/DD/	(DD/YYYY)		
5. Identification No. (Driver's License or Government IC		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 [Mobil	le Number]	
12. I consent to receive notifications from the Registrar by text messaging at the following telephone number						

	0	fficer/Directo	or/Owner					
All owners of 25% or more are required to p	rovide the info	ormation belo	w. The Re	egistr	ar requires all of the	information below for		
officers and directors.								
1. Name as it appears on your government-Issued ID								
2. Title/Position (Officer, Director, Owner)		3. Ownership	%		4. Date of Birth (MM/DD	/YYYY)		
5. Identification No. (Driver's License or Government II	D No.)		1 6	Socia	Lal Security Number	7. Are you a U.S. Citizen?		
3. Identification No. (Driver 3 License of Government in	D 140.)		"	. Sucio	at Security Number	7. Are you a 0.5. Citizen:		
		1		-				
8. Business or Residential Address		City			State	Zip Code		
9. Mailing Address (If different than business or resid	lential	City			State	Zip Code		
address)								
10. Phone Number	11. Email Addre	ess						
Consen	T			Enter [Mobile Number]				
					Litter [Mobi	ite ivalliber]		
12. I consent to receive notifications								
messaging at the following telephone	e number							
	0	fficer/Directo	/Owner					
All owners of 25% or more are required to p			-	anietr	ar requires all of the	information below for		
officers and directors.	rovide the line	omiation bolo	W. 1110 1 K	ogioti	ar requires an or the	inomiation below for		
Name as it appears on your government-Issued ID								
g								
2 Title /Decition (Officer Director Owner)		2 Ownership	0/		4. Date of Birth (MM/DD	A0000		
2. Title/Position (Officer, Director, Owner)		3. Ownership	3. Ownership %			tti (MM/DD/TTT)		
						T		
5. Identification No. (Driver's License or Government II	D No.)		6	6. Social Security Number 7.		7. Are you a U.S. Citizen?		
8. Business or Residential Address		City		State		Zip Code		
9. Mailing Address (If different than business or resid	ential	City		State		Zip Code		
address)		J,			Otato	2.5 0000		
addi ess)								
	I							
10. Phone Number	11. Email Address							
Consent					Enter [Email / T	elephone]		
12 I consent to receive notifications	from the F	Registrar						

by text messaging at the following telephone number.....

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

documentation of remedial measures.

PART 5: REQUIRED DOCUMENTS	
Before you submit your application, please review the following checklist. Missing documents will delay the processing of your application.	TOP
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 eindividual 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 this also includes the recovery fund assessment	·
Government-Issued Identification. The Qualifying Party listed in Part 2, and each individual l in Part 3: Persons in this License Application must submit a legible copy of a government is photo identification with the application. Acceptable forms of identification include a valid dri license or passport.	sued
Signatures. Completed <u>Signatures</u> 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 of this application, print out, complete, and attach additional Part 3s to your application.	t 3
License Cancellation Form. If you currently have a license that you wish to cancel upon the issue of a new license, complete and attach a <u>License Cancellation Form</u> .	ance
Felony Disclosure Forms. If 'yes' is selected for any of the Felony Charges questions under, Pa attach signed and completed Felony Disclosure Forms and supporting documentation.	art 4,
Unlicensed Activity Disclosure Forms. If 'yes' is selected for any of the Unlicensed Ac	tivity

questions under Part 4, attach signed and completed Unlicensed Activity Disclosure Forms and

Solar Warranty. A copy of the solar warranty (if applying for a solar license)

## 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 notsubmitted 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 <u>Part 3: Persons</u> must sign this application. Ifyou 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				
a corporation, duly authorized and licensed to transact surety b of Arizona for the benefit of those persons described in A.R.S. § license described:				
LICENSE CLASSIFICATION			PENAL SUM	_
The Principal has applied to the Registrar of Contractors of the Sthe above-described classifications and submits this bond to cincorporated herein as though fully set forth.				
Liability under this bond is limited to the penal sum for each classification shall be determined strictly in accordance with the herein as though fully set forth.				
Upon making payment to a claimant against the bond, the Sure of Contractors of the date and amount of payment.	ety shall imme	ediately give writte	en notice to the F	Principal and the Registrar
The amount of this bond is based on the representation of the F R4-9-112.	Principal of th	e anticipated ann	ual gross volume	e of work pursuant to Rule
This bond becomes effective on	day of		, 20	_•
SIGNED, SEALED AND DATED	day of_		, 20	<u> -</u>
	1	P1/1		
Signature of Contractor (Principal)		By: Signature Attorn	ey-In-Fact (Mus	t be Notarized)
		Ву:		
Title of Signer		Print or Type Na	me of Attorney-l	In-Fact
	:	Subscribed and	sworn to before	me this
Print or Type Name of Contractor (Principal)		day of	, 20_	·
THE ORIGINAL BOND MUST BE SIGNED BY THE	]	Notary Public		
PRINCIPAL, ATTORNEY-IN-FACT AND THE NOTARY PUBLIC AND BE FILED WITH THE		My Commission	Expires:	
REGISTRAR OF CONTRACTORS AT:		State of:		
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		County of:		