Arizona Registrar of Contractors
1700 W. Washington St., Suite 105
Phoenix, AZ 85007-2812
(602) 542-1525 or (877) 692-9762

CANCELLATION REQUEST

I/We hereby request voluntary cancellation of license(s) # _____, # _____, # _____, #

_____, # _____, Classification(s) _____, _____, _____, _____,

_____, issued to (company name) _____.

(A corporate contractor's license may be cancelled upon the written request signed by a person with written evidence of his authority to request such cancellation.)

(A limited liability company contractor's license may be cancelled upon the written request signed by a person with written evidence of his authority to request such cancellation.)

(Request to cancel a partnership license to be signed by a partner.)

(Request to cancel a sole proprietorship license to be signed by the individual owner.)

_____

Printed Name Date

_____

Signature Title

_____

Current Phone#