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

TUCSON OFFICE
400 W. CONGRESS, STE. 212
TUCSON, AZ 85701-1311
(520) 628-6345

ARIZONA REGISTRAR of CONTRACTORS

NAME REQUEST AND AVAILABILITY CHECK

The availability of a company name with the Arizona Corporation Commission or the Arizona Secretary of State

DOES NOT mean the name is available with the Arizona Registrar of Contractors.

INSTRUCTIONS

1. Use this form to check if a business name and/or "doing business as" (dba) name is available with the Registrar of Contractors prior to applying for a new license or changing the business name on a current license.

2. Please indicate in order of preference three names that you would be satisfied with if they are available. The **first available name** will be reserved for 90 days. Please submit your completed form by mail to: P.O. Box 6688, Phoenix AZ 85005-6688 or fax to 602-542-7852.

3. The person signing this form **must** be someone that will be **named** on the license.

4. The applicant **must** include their personal address. If you would like the Registrar's decision to be sent to an alternate address, please provide the alternate address in the space provided for "alternate address."

5. Upon approval of the name request, a confirmation letter will be sent to the applicant's personal address **or** alternate address, if provided, but **not** both.

6. A copy of the name reservation confirmation letter **must** be submitted with your application or name change form.

7. Please allow 2 to 4 weeks for a response.

Please type or print clearly. Names that are not readable will not be checked.

1. _____ dba (if applicable) _____

2. _____ dba (if applicable) _____

3. _____ dba (if applicable) _____

The classification I will be applying for is: _____
Classification

Personal Address (mandatory)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax Number: _____ Email: _____

Alternate Address (if applicable)

Address: _____

City: _____ State: _____ Zip: _____

X

_____ _____ _____ _____
Signature   Printed Name of Signer   Title   Date