



## ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

### LICENSE APPLICATION (SOLE PROPRIETORSHIP)

#### THIS APPLICATION IS FOR SOLE PROPRIETORSHIPS ONLY

This License Application is for a sole proprietorship seeking to obtain an Arizona Contractor's License. A sole proprietorship is a business owned and controlled by one person.

If the Applicant is a corporation, use the [Corporation License Application Form](#).

If the Applicant is an LLC, use the [LLC License Application Form](#).

If the Applicant is a partnership, use the [Partnership License Application Form](#).

If the Applicant is a tiered entity, please contact the Registrar's Licensing Department at (602) 542-1525 for assistance. 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.

#### STEPS TO OBTAIN A CONTRACTOR'S LICENSE

To obtain an Arizona Contractor's License, complete the following:

- 1) **Identify a Qualifying Party.** The Applicant must identify a Qualifying Party for the license. A Qualifying Party is a regularly employed person with the necessary experience, knowledge and skills as defined under A.R.S. § 32-1122(E).
- 2) **Pass Examination(s).** The Qualifying Party must pass the required exams by at least 70% and submit exam results. The Qualifying Party must complete a statutes and rules exam (SRE) and a specific trade exam, unless eligible for a waiver.
  - To determine which exams are required for a specific license classification, refer to the Registrar's [License Classification Requirements](#).
  - The Qualifying Party can register to take the [PSI Statutes and Rules Exam here](#).
  - The Qualifying Party can register to take the [PSI Trade Exam here](#).
  - For information about PSI's testing procedures, refer to [PSI's Candidate Information Bulletin](#).
- 3) **Submit to Background Checks.** The Applicant and Qualifying Party must submit copies of the payment transaction receipt from their [background checks](#).
- 4) **Bond.** The Applicant must obtain and submit proof of a license [Bond](#).
- 5) **Pay the Fees.** Include the required [fees and assessments](#) with your License Application form  
(continued on next page)



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- 6) **Provide Government-Issued Identification.** Both the [Applicant](#) and the [Qualifying Party](#) in this License Application must submit a copy of their government-issued identification with the application. Acceptable forms of identification include a valid driver's license or passport.
- 7) **Complete and Submit This Application.** Complete and submit this License Application Form to the Registrar using one of the following methods:

*Mail to:*  
 Registrar of Contractors  
 P.O. Box 6748  
 Phoenix, AZ 85005-6748

*Hand-deliver to:*  
 Registrar of Contractors  
 1700 W. Washington  
 Street, Suite 105  
 Phoenix, AZ 85007-2812

*Apply Online at:*  
<https://roc.az.gov/online-services>

## WAIVERS

Some of the requirements listed above may be waived depending on an Applicant's past experience in the contracting field. To determine if a waiver applies to your application, refer to the Registrar's online [Waiver Eligibility](#) page.

## AGENCY DISCLOSURE

Pursuant to A.R.S. § 41-1030(G), the Registrar provides the following disclosures:

- **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.

**\*\*\*DO NOT SUBMIT THESE INSTRUCTIONS WITH YOUR APPLICATION\*\*\***



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|                           |  |   |
|---------------------------|--|---|
| <b>Form<br/>RC-L-200A</b> | <b>LICENSE APPLICATION<br/>(SOLE-PROPRIETORSHIP)</b> | <b>For Internal Use Only</b><br><br>Pending # _____ |
|---------------------------|--|---|

**PART 1: APPLICANT INFORMATION**

To avoid **delay** or **denial**, the Applicant must completely and accurately fill out the following information.

- The business address the Applicant provides will be publicly available on the Registrar’s website.
  - An applicant must provide the address or location of the applicant’s place of business, and the applicant’s mailing address if it is different from the applicant’s place of business. A.R.S. § 32-1122(B)(1)(h).
- To determine the appropriate License Classification and Description in box 7, refer to the Registrar’s [License Classifications](https://roc.az.gov/license-classifications) located at <https://roc.az.gov/license-classifications>.

|  |               |   |                            |
|--|---------------|---|----------------------------|
| 1. Name as it appears on your government-issued ID   |               | 2. Fictitious Trade Name (i.e. DBA), if applicable. |                            |
| 3. Driver’s License or Government ID No.   |               | 4. Social Security Number                           | 5. Are you a U.S. Citizen? |
| 6. Requested License Classification Description  |               | 7. Date of Birth (MM/DD/YYYY)                       |                            |
| 8. Business Address (No PO Boxes or Private Mail Boxes)  |               | City  | State<br>Zip Code          |
| 9. Mailing Address (If different than business address)  |               | City  | State<br>Zip Code          |
| 10. Phone Number   |               | 11. Email Address                                   |                            |
| 12. Prior to completing this application, did you or any other member of your organization participate in or watch a video of the Registrar’s ‘Applicant Education Seminar’? <b>(YES) (NO)</b>   |               |   |                            |
| <b>CONSENT</b>   |               | <b>Enter Email / Telephone</b>                      |                            |
| 13. I consent to receive notifications from the Registrar by email at the following email address:   |               |   |                            |
| 14. I consent to receive notifications from the Registrar by text message at the following phone number:   |               |   |                            |
| <i>“Notifications” include renewal notices and monthly newsletters. By consenting to receive notifications via text or email, you will not be excluded from receiving notifications by regular mail. You consent by entering the information above.</i>  |               |   |                            |
| <b>Workers’ Compensation Coverage</b>  |               |   |                            |
| 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’ Compensation Insurance:  | Policy Number | Company Issuing Policy                              |                            |
| 2. Self-Insured Employer (You Must Submit documentation showing proof of coverage with this Application)   |               |   |                            |
| 3. Exemption: Sole-Proprietorship without any employees  |               | <b>(YES)</b>  | <b>(NO)</b>                |



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## PART 2: QUALIFYING PARTY

### QUALIFYING PARTY

The "Qualifying Party" is a person who is regularly employed by the Applicant and is actively engaged in the classification of work for which the person qualifies on behalf of the Applicant. The Qualifying Party must have the necessary experience, knowledge and skills to supervise or perform the contracting work.

#### A.R.S. § 32-1127

The Qualifying Party listed below may be listed as the qualifying party for up to two licensees, but only when:

1. There is a common ownership of at least twenty-five per cent of each licensed entity for which the person acts in a qualifying capacity; or
2. One licensee is a subsidiary of another licensee for which the same person acts in a qualifying capacity. "Subsidiary" as used in this section means a corporation of which at least twenty-five per cent is owned by the other licensee.

If the Applicant and Qualifying Party are the same person, check the box and skip to the "Relevant Experience" section.....\*

|  |                  |                               |                            |
|--|------------------|-------------------------------|----------------------------|
| 1. Name as it appears on your government issued ID   |                  | 2. Date of Birth (MM/DD/YYYY) |                            |
| 3. Driver's License or Government ID No.   |                  | 4. Social Security Number     | 5. Are you a U.S. Citizen? |
| 6. Residential Address   | City             | State                         | Zip Code                   |
| 7. Mailing Address (If different than residential address)   | City             | State                         | Zip Code                   |
| 8. Phone Number  | 9. Email Address |                               |                            |
| <b>CONSENT</b>   |                  | <b>Email / Telephone</b>      |                            |
| 10. I consent to receive notifications from the Registrar by the email at the following email address  |                  |                               |                            |
| 11. I consent to receive notifications from the Registrar text message at the following phone number   |                  |                               |                            |
| "Notifications" include renewal notices and monthly newsletters. By consenting to receive notifications via text or email, you will not be excluded from receiving notifications by regular mail. You consent by entering the information above. |                  |                               |                            |



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### 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.

|  |  |   |  |
|--|--|---|--|
| 1. Business Name of Employer or "Self-Employed"              |  |   |  |
| 2. Duration of Experience (e.g. "1/1/2007 through 1/1/2017") |  | 3. Average Hours Worked Per Week  |  |
| 4. Position(s)   |  | 5. Size of Projects Qualifying Party Worked On (Square Foot and/or Dollar Amount) |  |
| 5. Description of Qualifying Party's Main Duties             |  |   |  |

### EXPERIENCE REFERENCE

Include the name and contact information for a reference who can verify the Qualifying Party's experience. The reference must have direct, **first-hand knowledge** of the Qualifying Party's experience. **The reference cannot be a person named on this license application.**

|                               |  |  |       |          |
|-------------------------------|--|--|-------|----------|
| 7 Reference's Name            |  | 8. Reference's Relationship to Qualifying Party (e.g. "Co-worker"; "Employer"; "Supervisor") |       |          |
| 9. References Mailing Address |  | City   | State | Zip Code |
| 10. Reference's Phone Number  |  | 11. Reference's E-mail   |       |          |

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812  
602.542.1525 • Within AZ 877.692.9762 • Fax 602.542.1599 • [www.roc.az.gov](http://www.roc.az.gov)



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### ADDITIONAL RELEVANT EXPERIENCE (IF NECESSARY)

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.

|  |  |   |  |
|--|--|---|--|
| 1. Business Name of Employer or "Self-Employed"              |  |   |  |
| 2. Duration of Experience (e.g. "1/1/2007 through 1/1/2017") |  | 3. Average Hours Worked Per Week  |  |
| 4. Position(s)   |  | 5. Size of Projects Qualifying Party Worked On (Square Foot and/or Dollar Amount) |  |
| 6. Description of Qualifying Party's Main Duties             |  |   |  |

### EXPERIENCE REFERENCE

Include the name and contact information for a reference who can verify the Qualifying Party's experience. The reference must have direct, **first-hand knowledge** of the Qualifying Party's experience. **The reference cannot be a person named on the license application.**

|                               |  |  |       |          |
|-------------------------------|--|--|-------|----------|
| 7 Reference's Name            |  | 8. Reference's Relationship to Qualifying Party (e.g. "Co-worker"; "Employer"; "Supervisor") |       |          |
| 9. References Mailing Address |  | City   | State | Zip Code |
| 10. Reference's Phone Number  |  | 11. Reference's E-mail   |       |          |

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## PART 3: DISCLOSURES

| PRIOR LICENSE INFORMATION   |  | <i>Circle One</i> |
|---|--|-------------------|
| 1. Has the Applicant ever been named on a license in any state that was revoked or is currently suspended? <i>Failure to accurately answer this question may be a material misrepresentation of fact and a violation of A.R.S. § 32-1154(A)(5).</i>                                   |  | (Yes) (No)        |
| 2. Has the Qualifying Party ever been named on a license in any state that was revoked or is currently suspended? <i>Failure to accurately answer this question may be a material misrepresentation of fact and a violation of A.R.S. § 32-1154(A)(5).</i>                            |  | (Yes) (No)        |
| FELONY CHARGES  |  | <i>Circle One</i> |
| <i>Answering 'yes' to questions 4-7 does not automatically disqualify the Applicant from receiving a contractor's license.</i>  |  |                   |
| 3. Has the Applicant ever been convicted of a felony? <i>If 'yes' is selected, the Applicant must complete and attach the <a href="#">Felony Disclosure Form</a> with this application.</i>   |  | (Yes) (No)        |
| 4. Does the Applicant have a pending felony charge that has not yet received a disposition? <i>If 'yes' is selected, the Applicant must complete and attach the <a href="#">Felony Disclosure Form</a> with this application.</i>   |  | (Yes) (No)        |
| 5. Has the Qualifying Party ever been convicted of a felony? <i>If 'yes' is selected, the Qualifying Party must complete and attach the <a href="#">Felony Disclosure Form</a> with this application.</i>   |  | (Yes) (No)        |
| 6. Does the Qualifying Party have a pending felony charge that has not yet received a disposition? <i>If 'yes' is selected, the Qualifying Party must complete and attach the <a href="#">Felony Disclosure Form</a> with this application.</i>                                       |  | (Yes) (No)        |
| UNLICENSED ACTIVITY   |  | <i>Circle One</i> |
| 7. Has the Applicant ever received a citation for, or been convicted of, contracting without a license in any state? <i>If 'yes' is selected, the Applicant must complete and attach the <a href="#">Unlicensed Activity Disclosure Form</a> with this application.</i>               |  | (Yes) (No)        |
| 8. Has the Qualifying Party ever received a citation for, or been convicted of, contracting without a license in any state? <i>If 'yes' is selected, the Qualifying Party must complete and attach the <a href="#">Unlicensed Activity Disclosure Form</a> with this application.</i> |  | (Yes) (No)        |



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## PART 4: REQUIRED DOCUMENTS

|  |
|--|
| <span style="font-weight: bold; font-size: 1.2em;">Before you submit your application, please review the following checklist. Missing documents will delay the processing of your application.</span>  |
| <p>Review the License Application and ensure that it contains the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Exam Results.</b> The Qualifying Party’s original exam results, or a <a href="#">Completed Waiver Form</a>.</li> <li><input type="checkbox"/> <b>Background Checks.</b> Copies of the payment transaction receipt from the <a href="#">background check</a> for the Applicant and the Qualifying Party.</li> <li><input type="checkbox"/> <b>Bond.</b> Completed original <a href="#">Bond Verification Form</a>.</li> <li><input type="checkbox"/> <b>Fees.</b> The required <a href="#">application fee, licensing fee and for dual or residential licenses also include the recovery fund assessment</a>.</li> <li><input type="checkbox"/> <b>Government-Issued Identification.</b> Both the <a href="#">Applicant</a> and the <a href="#">Qualifying Party</a> in this License Application must submit a copy of their government-issued identification with the application. Acceptable forms of identification include a valid driver’s license or passport.</li> <li><input type="checkbox"/> <b>Signatures.</b> Completed <a href="#">Signatures</a> section (see next page).</li> </ul> <p><b>SUPPLEMENTAL DOCUMENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>License Cancellation Form.</b> If you currently have a license that you wish to cancel upon the issuance of a new license, complete and attach a <a href="#">License Cancellation Form</a>.</li> <li><input type="checkbox"/> <b>Felony Disclosure Forms.</b> If ‘yes’ is selected for any of the <a href="#">Felony Charges questions</a> under, <a href="#">Part 4</a>, attach signed and completed <a href="#">Felony Disclosure Forms</a> and supporting documentation.</li> <li><input type="checkbox"/> <b>Unlicensed Activity Disclosure Forms.</b> If ‘yes’ is selected for any of the <a href="#">Unlicensed Activity questions</a> under <a href="#">Part 4</a>, attach signed and completed <a href="#">Unlicensed Activity Disclosure Forms</a> and documentation of remedial measures.</li> <li><input type="checkbox"/> <b>Solar Warranty.</b> A copy of the solar warranty (if applying for a solar license)</li> </ul> |





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PART 5: 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 not submitted 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.

Applicant

The person listed in Part 1: Applicant Information must sign this application.

Print Name

Signature

Date

Qualifying Party

The person listed in Part 2: Qualifying Party must sign this application.

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 \_\_\_\_\_

(Surety)

a corporation, duly authorized and licensed to transact surety business in the State of Arizona, are held and firmly bound unto the State of Arizona for the benefit of those persons described in A.R.S. §32-1152, as amended, in the penal sum set forth for the classification of license described:

| LICENSE CLASSIFICATION | PENAL SUM |
|------------------------|-----------|
| _____                  | _____     |
| _____                  | _____     |
| _____                  | _____     |

The Principal has applied to the Registrar of Contractors of the State of Arizona for a license to conduct the business of contracting under the above-described classifications and submits this bond to comply with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Liability under this bond is limited to the penal sum for each classification of work performed by the principal. Liability under each classification shall be determined strictly in accordance with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Upon making payment to a claimant against the bond, the Surety shall immediately give written notice to the Principal and the Registrar of Contractors of the date and amount of payment.

The amount of this bond is based on the representation of the Principal of the anticipated annual gross volume of work pursuant to Rule R4-9-112.

This bond becomes effective on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

SIGNED, SEALED AND DATED \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Signature of Contractor (Principal)

\_\_\_\_\_  
Title of Signer

\_\_\_\_\_  
Print or Type Name of Contractor (Principal)

By: \_\_\_\_\_  
Signature Attorney-In-Fact (Must be Notarized)

By: \_\_\_\_\_  
Print or Type Name of Attorney-In-Fact

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

**THE ORIGINAL BOND MUST BE SIGNED BY THE PRINCIPAL, ATTORNEY-IN-FACT AND THE NOTARY PUBLIC AND BE FILED WITH THE REGISTRAR OF CONTRACTORS AT:  
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**