



ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

LICENSE APPLICATION (CORPORATION)

THIS APPLICATION IS FOR CORPORATIONS ONLY

This License Application is for a corporation seeking to obtain an Arizona Contractor's License.

If the Applicant is a sole-proprietorship, use the [Sole-Proprietorship License Application Form](#). A sole proprietorship is a business owned and controlled by one person.

If the Applicant is an LLC that is not owned or operated by another entity, use the [LLC License Application Form](#).

If the Applicant is a partnership that is not owned or operated by another entity, use the [Partnership License Application Form](#).

If the Applicant is a tiered entity, you must 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 business management exam (BME) 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 an exam through [PSI Exams Online](#).
 - For information about PSI's testing procedures, refer to [PSI's Candidate Information Bulletin](#).
- 3) **Submit to Background Checks.** The Qualifying Party listed in [Part 2](#), and each individual listed in [Part 3: Persons](#) in this License Application Form must submit copies of the payment transaction receipt from their [background checks](#).
- 4) **Form a Legal Entity.** Form or register a Corporation with the [Arizona Corporation Commission](#).
- 5) **Bond.** The Applicant must obtain a license [Bond](#).
- 6) **Pay the Fees.** Include the required [fees and assessments](#) with your License Application form.

(continued on next page)

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



ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

- 7) **Government Identification.** The Qualifying Party listed in [Part 2](#), and each individual listed in [Part 3: Persons](#) in this License Application Form must submit a copy of their government issued identification with the application. Acceptable forms of identification include a valid driver's license or passport.
- 8) **Complete and Submit This Application.** Complete and submit this License Application Form to the Registrar using one of the following methods:

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

Deliver this application to:
Registrar of Contractors
1700 W. Washington Street, Suite 105
Phoenix, AZ 85007-2812

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*****

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

PART I: APPLICANT INFORMATION

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

- An **Authorized Representative** is a person with the authority to sign on behalf of the Corporation.
- The business address you provide will be publicly available on the Registrar’s website.
 - To obtain a contractor’s license, an applicant must provide their mailing address and the address or location of the applicant’s place of business if it is different from the applicant’s mailing address. A.R.S. §§ 32-1122(B)(1)(b) & (f).
- To determine the appropriate License Classification Description in box 6, refer to the Registrar’s [License Classifications](https://roc.az.gov/license-classifications) located at <https://roc.az.gov/license-classifications>.

1. Corporation Name		2. Fictitious Trade Name (i.e. DBA), if applicable.	
3. Authorized Representative’s Name		4. Arizona Corporation Commission File Number	
6. Requested License Classification Description			7. Federal Employer Identification Number (EIN)
8. Business Address (No PO Boxes or Private Mail Boxes)	City	State	Zip Code
9. Mailing Address (If different than business address)	City	State	Zip Code
10. Phone Number	11. Email Address		
CONSENT		Enter [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address			
13. I consent to receive notifications from the Registrar by text messaging at the following telephone number			
<p><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></p>			

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 licenses, 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.
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.

1. Name as it appears on your government issued ID		2. Title/Position		3. Ownership %	
4. Date of Birth (MM/DD/YYYY)		5. Driver's License or Government ID No.		6. Social Security Number	
7. Residential Address		City	State	Zip Code	
8. Mailing Address (If different than residential address)		City	State	Zip Code	
9. Phone Number		10. Email Address			
CONSENT			Enter [Email / Telephone]		
11. I consent to receive notifications from the Registrar by email at the following email address					
12. I consent to receive notifications from the Registrar by text messaging at the following telephone number					
<p><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></p>					

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 prior to applying for a license.
- 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	

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

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			

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 prior to applying for a license.
- 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			

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

PART 3: PERSONS

COMPLETE AND ATTACH ADDITIONAL PART 3S AS NECESSARY TO PROVIDE THE INFORMATION FOR ALL OF THE FOLLOWING PERSONS ON THE LICENSE.

- President, Vice-President, Secretary, Treasurer, or the functional equivalent of these officers;
- Owners of at least twenty-five percent of the stock or beneficial interest of the corporation; and
- Directors.

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

Every person listed on this application must be 18 years of age or older and must sign this application form under [Part 6: Signatures](#).

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](http://ecorp.azcc.gov/Search) located at <http://ecorp.azcc.gov/Search>.



- **Note: This application is only for corporations owned solely by individuals.**
- If any corporation, LLC, partnership, trust, or other business organization is listed on the applying entity's Arizona Corporation Commission documents, then you must contact the Registrar's Licensing Department at (602) 542-1525 for assistance.



OFFICER

The Registrar requires all of the information below for all officers.

1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Driver's License or Government ID No.		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		

CONSENT

Enter [Email / Telephone]

12. I consent to receive notifications from the Registrar by email at the following email address.....

13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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.

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

OFFICER			
<i>The Registrar requires all of the information below for all officers.</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		
CONSENT		Enter [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address			
13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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>			

OFFICER			
<i>The Registrar requires all of the information below for all officers.</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		
CONSENT		Enter [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address			
13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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>			

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

OFFICER			
<i>The Registrar requires all of the information below for all officers.</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		
CONSENT		Enter [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address			
13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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>			

OWNER			
<i>The Registrar requires all of the information below for each owner of at least 25% or more of the stock or beneficial interest in the corporation. If a 25% owner's information was previously disclosed in Part 3, it is not necessary to re-enter their information. If there is insufficient room to list every owner of at least 25%, print out, complete, and submit additional pages with this application.</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		
CONSENT		Enter [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address			
13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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>			

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

OWNER

The Registrar requires all of the information below for each owner of at least 25% or more of the stock or beneficial interest in the corporation. If a 25% owner's information was previously disclosed in Part 3, it is not necessary to re-enter their information. If there is insufficient room to list every owner of at least 25%, print out, complete, and submit additional pages with this application.

1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		

CONSENT

Enter [Email / Telephone]

12. I consent to receive notifications from the Registrar by email at the following email address

13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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.

DIRECTOR

The Registrar requires all of the information below for each Director of the Corporation. If a Director's information was previously disclosed in Part 3, it is not necessary to re-enter their information. If there is insufficient room to list every Director, print out, complete, and submit additional pages with this application.

1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		

CONSENT

Enter [Email / Telephone]

12. I consent to receive notifications from the Registrar by email at the following email address

13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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.

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

DIRECTOR			
<i>The Registrar requires all of the information below for each Director of the Corporation. If a Director's information was previously disclosed in Part 3, it is not necessary to re-enter their information. If there is insufficient room to list every Director, print out, complete, and submit additional pages with this application.</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		
CONSENT		Enter [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address			
13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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>			

DIRECTOR			
<i>The Registrar requires all of the information below for each Director of the Corporation. If a Director's information was previously disclosed in Part 3, it is not necessary to re-enter their information. If there is insufficient room to list every Director, print out, complete, and submit additional pages with this application.</i>			
1. Name as it appears on your government-issued ID			
2. Title/Position	3. Ownership %	4. Date of Birth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government ID No.)		6. Social Security Number	
7. Business or Residential Address	City	State	Zip Code
8. Mailing Address (If different than business or residential address)	City	State	Zip Code
9. Phone Number	10. Email Address		
CONSENT		Enter [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address			
13. I consent to receive notifications from the Registrar by text messaging at the following telephone 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>			

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

PART 4: DISCLOSURES

WORKERS' COMPENSATION COMPLIANCE	
Under A.R.S. § 32-1122(B), to obtain or renew a license, an applicant must demonstrate compliance with the statutes or rules governing workers' compensation insurance. Failure to comply with these statutes or rules is a violation of A.R.S. § 32-1154(A)(4). Possible methods of compliance include: <ul style="list-style-type: none"> • Insurance Carrier: Obtaining Workers' Compensation with an insurance carrier authorized by the Director of Insurance to write workers' compensation insurance in this state; or • Self-Insured: Obtaining a "Resolution of Authorization" from the Industrial Commission of Arizona to act as a self-insurer for payment of Workers' Compensation benefits to employees; or • Exemption: Being exempt from the statutes or rules governing Workers' Compensation by being self-employed and not employing workers. 	Circle One
1. The Applicant is in compliance with the statutes or rules governing Workers' Compensation insurance. <i>Note: Supporting documentation is not required.</i>	(Yes) (No)
PRIOR LICENSE INFORMATION	
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)
3. Has any individual listed in Part 3: Persons of this application 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	
Answering 'yes' does not automatically disqualify the Applicant from receiving a contractor's license.	Circle One
4. Has the Qualifying Party listed in Part 2 ever been convicted of a felony? <i>If 'yes' is selected, the Qualifying Party must complete and attach the Felony Disclosure Form with this application.</i>	(Yes) (No)
5. Does the Qualifying Party listed in Part 2 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 Felony Disclosure Form with this application.</i>	(Yes) (No)
6. Has any individual listed in Part 3: Persons of this application ever been convicted of a felony? <i>If 'yes' is selected, that individual must complete and attach the Felony Disclosure Form with this application.</i>	(Yes) (No)
7. Does any individual listed in Part 3: Persons of this application have a pending felony charge that has not yet received a disposition? <i>If 'yes' is selected, that individual must complete and attach the Felony Disclosure Form with this application.</i>	(Yes) (No)
UNLICENSED ACTIVITY	
8. Has the Qualifying Party listed in Part 2 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 Unlicensed Activity Disclosure Form with this application.</i>	(Yes) (No)
9. Has 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? <i>If 'yes' is selected, that individual must complete and attach the Unlicensed Activity Disclosure Form with this application.</i>	(Yes) (No)

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

PART 5: REQUIRED DOCUMENTS



Before you submit your application, please review the following checklist.
Missing documents will delay the processing of your application.



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 every individual named in [Part 3: Persons](#) and the Qualifying Party.
- Papers for Legal Entity.** A copy of the corporate articles, or equivalent operating agreement.
- Bond.** Completed original [Bond Verification Form](#).
- Fees.** The required [application fee, licensing fee and for dual or residential licenses also include the recovery fund assessment](#)
- Government-Issued Identification.** The Qualifying Party listed in [Part 2](#), and each individual named in [Part 3: Persons](#) in this License Application must submit a legible copy of a government issued photo identification with the application. Acceptable forms of identification include a valid driver's license or passport.
- Signatures.** Completed [Signatures](#) section (see next page).

SUPPLEMENTAL DOCUMENTS – Attach the following documents if necessary.

- Additional Part 2s:** If there is insufficient space to enter all of the required information in [Part 2](#) of this application, print out, complete, and attach additional Part 2s to your application.
- 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 3s to your application.
- License Cancellation Form.** If you currently have a license that you wish to cancel upon the issuance of a new license, complete and attach a [License Cancellation Form](#).
- Felony Disclosure Forms.** If 'yes' is selected for any of the [Felony Charges questions](#) under [Part 4](#), attach signed and completed [Felony Disclosure Forms](#) and supporting documentation.
- Unlicensed Activity Disclosure Forms.** If 'yes' is selected for any of the [Unlicensed Activity questions](#) under [Part 4](#), attach signed and completed [Unlicensed Activity Disclosure Forms](#) and documentation of remedial measures.
- Letter Regarding Restricted License.** To obtain a restricted license approval an Applicant must have prior written approval from the Registrar. The Applicant must submit the letter from the Registrar approving a "restricted license," if applying for a restricted license.
- Solar Warranty.** A copy of the solar warranty (if applying for a solar license)

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

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 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 authorized representative listed in [Part 1: Applicant Information](#) must sign this application.

Print Name

Signature

Date

Qualifying Party

The Qualifying Party listed under [Part 2: Qualifying Party](#) must sign this application.

Print Name

Signature

Date

Persons

Every person listed under [Part 3: Persons](#) must sign this application. **If you 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