



ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

LICENSE APPLICATION (PARTNERSHIPS)

THIS APPLICATION IS FOR PARTNERSHIPS ONLY

This License Application is for a partnership 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 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 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 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: Partners](#) 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 Partnership with the [Arizona Secretary of State](#).
- 5) **Bond.** The Applicant must obtain and submit proof of a license [Bond](#).
- 6) **Pay the Fees.** Include the required [fees and assessments](#) with your License Application form.

(continued on next page)

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- 7) **Provide Government-Issued Identification.** The [Qualifying Party](#) and each individual listed in [Part 3: Partners](#) 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.
- 8) **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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PART 1: 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 Partnership.
- The business address you provide 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 a 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 Description in box 5, refer to the Registrar's [License Classifications](https://roc.az.gov/license-classifications) located at <https://roc.az.gov/license-classifications>.

1. Name of Partnership		2. Fictitious Trade Name (i.e. DBA), if applicable.	
3. Authorized Representative's Name		4. Arizona Corporation Commission File Number (if applicable)	
5. Requested License Classification Description			
6. Business Address (No PO Boxes or Private Mail Boxes)		City	State
			Zip Code
7. Mailing Address (If different than business address)		City	State
			Zip Code
8. Phone Number		9. Email Address	
10. Prior to completing this application, did you or any other member of your organization participate in the Registrar's 'Applicant Education Seminar'?			
(Yes) (No)			
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.....			
<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>			
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' Compensation Insurance:	Policy Number	Company Issuing Policy	
2. Self-Insured Employer (You Must Submit documentation showing proof of coverage with this Application)			
3. Exemption: Partnership without any employees.		(YES)	(NO)

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.

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. Are you a U.S. Citizen?	
8. Residential Address		City		State	
				Zip Code	
9. Mailing Address (If different than residential 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.....					
"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.					

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)	
6. Description of Qualifying Party's Main Duties	

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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. Reference's Mailing Address

City

State

Zip Code

10. Reference's Phone Number

11. Reference's E-mail

PART 3: PARTNERS

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

- Complete a Part 3 for each partner.

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

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 Secretary of State Documents

All persons listed on the partnership documents filed with the Arizona Secretary of State must be listed in this section. Partnership documents can be located using the Secretary of State's [search tool](https://apps.azsos.gov/apps/tntp/se.html) located at <https://apps.azsos.gov/apps/tntp/se.html>.

- 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 a [tiered entity organization chart](#).



PARTNER			
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. 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 [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.....			
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PARTNER			
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. 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 [Email / Telephone]	
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PARTNER			
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. 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 [Email / Telephone]	
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PARTNER			
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. 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 [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.....			
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PARTNER			
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. 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 [Email / Telephone]	
12. I consent to receive notifications from the Registrar by email at the following email address.....			
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PART 4: DISCLOSURES

• PRIOR LICENSE INFORMATION	<i>Circle One</i>
1. 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)
2. 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 <i>Answering 'yes' does not automatically disqualify the Applicant from receiving a contractor's license.</i>	<i>Circle One</i>
3. 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)
4. 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)
5. 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)
6. 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	<i>Circle One</i>
7. 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)
8. 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)

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: Partners](#) and the Qualifying Party.
- 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: Partners](#) 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.
- 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 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
------------	-----------	------

Partners

Every person listed under [Part 3: Partners](#) 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
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Print Name	Signature	Date
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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