



# ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

## Form RC-L-200G

## OUT-OF-STATE WAIVER REQUEST FORM

### Instructions

Complete this form to request a waiver of the trade test for your license application. After consideration, the Registrar may approve your request. **You must complete this form for each license you are requesting a waiver for and submit it to the state where you have held a license in the last 5 years.**

Pursuant to A.R.S. §§ 32-1122(A)(4) and 32-1122(F) the Registrar may decide a trade exam is not required where the qualifying party has been the qualifying party within the preceding five years for a license in good standing in the same classification in this state, or a classification the Registrar deems comparable in another state.

#### A. Applicant & License Information

1. Complete the information requested below;
2. Send this Waiver Request Form to the State that will verify your license and exam history;
3. Do not alter the Waiver Request Form returned from the verifying State; and
4. Enclose this Waiver Request Form with your License Application.

1. Business Name on License, including DBA if applicable		2. State Where License was Issued (e.g. Arizona)	
3. License Classification		4. License Number	
5. Current Status of License (e.g. 'current', 'suspended', 'revoked', or 'inactive')		6. License Dates (Start – End) (MM/DD/YY)	
7. Name of Applicant		8. Applying for Arizona License Classification	
9. Applicant's Street Address	10. City	11. State	12. Zip Code

#### B. Acknowledgement and Signature.

13. Signature of Person Requesting Waiver	14. Date	15. Phone Number
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#### C. Out-of-State Verification. Only complete if requesting a waiver based on a license issued by another state.

##### Instructions for Verifying State:

1. Complete the information requested below;
2. Stamp this document with a State seal; and
3. Mail this verification form to the Applicant's address (provided by the Applicant on Page 1 of the License Application).

1. Name of Board or Agency		2. Name of Person Providing Verification	
3. Current License Status		4. Date this Qualifying Party was First Named on License	
5. Number of Years of Experience Verified by the Board or Agency		6. Exam(s) Taken	
7. Name and Date of Passing Exam			8. State Seal

#### D. Acknowledgement and Signature.

9. Signature of Verifier	10. Date
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