

# Ownership/Personnel Change

Mail To: Registrar of Contractors

P.O. Box 6688

Phoenix, AZ 85005-6688



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## OWNERSHIP/PERSONNEL CHANGE FORM INSTRUCTIONS

Per [A.R.S. § 32-1122](#), a licensee shall advise the registrar of any change in ownership information within thirty days. If the applicant is a corporation, an association or any other organization, provide the names and addresses of the president, vice-president, if any, secretary and treasurer or the names and addresses of the functional equivalent of these officers, the directors and the owners of twenty-five per cent or more of the stock or beneficial interest.

1. **Company name:** The company name is the name that appears on the license and is the actual name under which the contracting business operates.
2. **Federal Tax Identification Number (TIN):** Provide a valid Tax Identification Number (TIN).
3. **License(s):** The license number(s) issued in which the company is updating the ownership, partners, officers, directors, members or managers. All licenses issued to the company must be listed.

**Personnel:** The personnel listed shall include the following:

- The Qualifying Party (QP).
  - If a partnership, all partners.
  - If a corporation, the president, vice-president, secretary, treasurer (or equivalent), all directors and all owners of 25% or more.
  - If a Limited Liability Company: all managers and all owners of 25% or more in a Manager-managed LLC; all members and owners of 25% or more in a Member-managed LLC.
    - If no one person owns 25% or more, provide an operating agreement that states who runs the day-to-day operations or submit a typed, signed, dated and notarized affidavit stating who runs the day-to-day operations for the LLC.
  - If ownership is held by another entity, write the full legal name of the business entity.
4. **Company name OR Name (First, Middle, Last):** If an entity other than an individual owns part of the company enter the full legal name of that entity. If it is an individual, the complete legal first, middle and last names are required. If the individual has no middle name, write "None." If the individual only has a middle initial, write "Only" after the initial.
  5. **Date of Birth:** A date of birth for each individual must be provided. A.R.S. § 32-1122 prohibits a minor from being an individual owner, partner, corporate officer, member or Qualifying Party on a contractor's license.
  6. **Driver's license or Government ID:** Write the state issuing the ID and the ID number. Typically the Government ID will be a government issued driver's license or a passport. Please submit a clear copy of the ID. *Example:* AZ/D12345678
  7. **SSN or TIN:** Pursuant to A.R.S. §§ 25-320, 25-518 and 25-519 the ROC must collect social security numbers. The ROC will not use social security numbers in an unauthorized manner. If ownership is held by a Limited Liability Company, Corporation, or Partnership, write the Tax Identification Number (TIN).
  8. **Residential Address:** Write the complete residential address, including city, state and zip code.
  9. **Add or Remove:** Indicate if this person or entity is being added or removed
  10. **Ownership percent:** Write the percent ownership. The ownership percent for all personnel must total 100%. Publicly traded companies must be noted.
  11. **Title or Position:** Write the title of the person.
  12. **Have you completed the criminal background check during the last 4-60 days?** Check yes or no. If no, please complete the criminal background check prior to submitting this form. The criminal background check is available at [Criminal Background Check](#). This background check must be submitted 4-60 days prior to submitting this form. Each person listed must include a copy of his/her background check receipt with this form.
  13. **Have you ever been convicted of a felony or a misdemeanor, or currently have a felony charge pending?** Check yes or no. If yes, describe when, what the charge or conviction was, and the name of the court in the space provided. (Use additional paper if needed).

### Signature Requirements:

An Officer, Director, Member, Manager or Partner must sign the form.

Corporations and LLCs must provide evidence that the Arizona Corporation Commission has approved and registered the ownership/personnel change. Submit a photo copy of the approved amended articles with the Arizona Corporation Commission's date stamp or a current (within 7 days) printout from the Arizona Corporation Commission's website showing the file number, all personnel and the status of good standing.

**Please make copies of this form to accommodate more personnel. ROC forms will only be accepted.**

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1. Company Name:						Date
2. Federal Tax Identification Number (TIN)						
3. License(s):	ROC	ROC	ROC	ROC	ROC	ROC

## Personnel

4. Company name <b>if applicable</b>						
4. First Name		Middle Name		Last Name and generation (if applicable)		
5. Date of Birth	6. Driver's license or Government ID State/Number (Please enclose a copy)			7. SSN or TIN		
8. Residential Street Address				City	State	Zip
9. Add	Remove	10. Ownership Percent	11. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer, Employee)			

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4. First Name		Middle Name		Last Name and generation (if applicable)		
5. Date of Birth	6. Driver's license or Government ID State/Number (Please enclose a copy)			7. SSN or TIN		
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4. Company name <b>if applicable</b>						
4. First Name		Middle Name		Last Name and generation (if applicable)		
5. Date of Birth	6. Driver's license or Government ID State/Number (Please enclose a copy)			7. SSN or TIN		
8. Residential Street Address				City	State	Zip
9. Add	Remove	10. Ownership Percent	11. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer, Employee)			

12. Has each person listed completed the [criminal background check](#) during the last 4-60 days?    **Yes**            **No**

13. Has any person listed on the license ever been convicted of a felony or a misdemeanor, or currently have a felony charge pending?    **Yes**    **No**

*(Use additional paper if needed)*

If yes, when \_\_\_\_\_ what charge \_\_\_\_\_ which court \_\_\_\_\_

*You are still required to answer "YES" if a conviction has been vacated, pardoned, expunged, dismissed, appealed, listed as undesignated or otherwise reduced or your civil rights have been restored.*

I declare, under penalty of perjury, that all information provided herein is true of my own knowledge. I further certify that all attached documents are true and accurate copies of the originals.

<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Signature of Officer/Director/Member/Manager/Partner	Printed name of Signer	Signature of Officer/Director/Member/Manager/Partner	Printed name of Signer