



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. You may submit this application through the online ROC portal by visiting the [My Account](#) section of the roc.az.gov website.

STEPS TO OBTAIN A CONTRACTOR'S LICENSE

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

- 1) **Identify a Qualifying Party:** The Applicant may be the Qualifying Party themselves or 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 Statutes and Rules exam through [Mbition](#) and the Trade Exam through [PSI Exams Online](#).For information about PSI's testing procedures, refer to [PSI's Candidate Information Bulletin](#).
- 3) **Government-Issued Identification.** The Qualifying Party listed in Part 2, and the individual listed in Part 1: Applicant Information in this License Application must submit a copy of their government issued identification with the application.
- 4) **Submit to Background Checks.** The Qualifying Party listed in [Part 2](#), and the individual listed in Part 1: Applicant Information in this License Application must submit copies of the payment transaction receipt from their [background checks](#).
- 5) **Bond.** The Applicant must obtain and submit proof of a license [Bond](#).
- 6) **Signatures:** Complete the signatures section in Part 5.
- 7) **Fees:** Pay the required application fee, licensing fee, and for dual or residential licenses, the recovery fund assessment.

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602.542.1525 • Within AZ 877.692.9762 • Fax 602.542.1599 • www.roc.az.gov

Supplemental Documents– Attach the following documents if applicable.

- 1. License Cancellation Form:** If you currently have a license that you wish to cancel upon issuance of this new license, complete and attach a [License Cancellation Form](#).
- 2. Felony Disclosure Forms.** If 'yes' is selected for any of the Felony Charges questions under Part 3, attach signed and completed [Felony Disclosure Forms](#) and supporting documentation.
- 3. Unlicensed Activity Disclosure Forms:** If 'yes' is selected for any of the Unlicensed Activity questions under Part 3, attach signed and completed [Unlicensed Activity Disclosure](#) Forms and documentation of remedial measures.
- 4. Solar Warranty:** A copy of the [solar warranty](#) (if applying for a solar license, or license with a solar component)

Waivers	
In State Waiver (Statutes & Rules Exam) The named Qualifying Party has been active within the last 5 years as Qualifying Party on an existing Arizona license	Complete form In- State Waiver Request for Statutes and Rules Exam RC-L-200H in place of the exam results for the Statutes and Rules if applicable
In State Waiver (Statutes & Rules Exam & Trade Exam) The named Qualifying Party has been active within the last 5 years on an AZ License as Qualifying Party on the same classification	Complete form In- State Waiver Request for Statutes and Rules Exam RC-L-200H and In- State Waiver Request Form for Trade Exam RC-L-200H in place of the exam results for the Statutes and Rules and Trade exam if applicable
Out of State Waiver (Trade Exam): The named Qualifying Party has been active on a comparable out of state license in the last 5 years as the Qualifying Party	Complete form Out-of-State Waiver Request form RC-L-200G in place of the Trade exam if applicable. Note: The Arizona Statute and Rules Exam cannot be waived with an out of state waiver

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Form RC-L-200A	LICENSE APPLICATION (SOLE-PROPRIETORSHIP)	For Internal Use Only Pending # _____
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PART 1: APPLICANT INFORMATION

To avoid delay or denial , the Applicant must completely and accurately fill out the following information. <ul style="list-style-type: none"> ● The business address you provide will be publicly available on the Registrar’s website. <ul style="list-style-type: none"> ○ An applicant must provide an 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 and Description in box 6, refer to the Registrar’s License Classifications located at https://roc.az.gov/license-classifications. 			
1. Name as it appears on your government-issued ID (Must match exactly)		2. Optional DBA (Fictitious Trade Name)	
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 Zip Code
9. Mailing Address (If different than business address)		City	State 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’? <input type="radio"/> YES <input type="radio"/> NO			
CONSENT		Enter Mobile Number	
13. I consent to receive notifications from the Registrar by text message at the following phone number:			
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: Sole-Proprietorship without any employees		(YES)	(NO)

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PART 2: QUALIFYING PARTY

QUALIFYING PARTY
The "Qualifying Party" is a person who has an ownership interest or 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. § 32-1101(A)(8).

If the Applicant and Qualifying Party are the same person, check the box and skip to the "Relevant Experience" section []

Form with fields: 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

CONSENT
10. I consent to receive notifications from the Registrar text message at the following phone number
11. Is the Qualifying Party currently active for another entity in AZ?

Pursuant to A.R.S. § 32-1127(A) The Qualifying Party listed below may act as the qualifying party for up to two licensees, but only when either:
1. There is a common ownership of at least twenty-five percent 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 percent is owned by the other licensee

RELEVANT EXPERIENCE
I am applying for the classification listed in Part 1 and listed below. I attest to having the requisite knowledge and experience dealing specifically with this type of construction, or its equivalent, as detailed on the roc.az.gov website. If this is a dual license, please refer to both the commercial and residential components.
• Under A.R.S. § 32-1122(E)(1), at least two years of experience must be earned within the last ten years.
• If education is chosen as one of the areas of experience, you must provide documents detailing the education: Degrees, or certificates.
1. I hold the requisite experience in the form of (Select all that apply):
Supervisor Hands On Military Education
2. Classification
3. Signature

Reference Section (Optional)
1. Optional Reference Name (If you would like you may provide a reference)
2. Reference Phone Number
3. Reference Email Address



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PART 3: DISCLOSURES: Failure to accurately answer these questions may be a material misrepresentation of fact and a violation of A.R.S. § 32-1154(A)(5).

Table with sections: PRIOR LICENSE INFORMATION, FELONY CHARGES, UNLICENSED ACTIVITY. Includes questions about license revocation, felony convictions, and unlicensed activity.

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.R.S. § 41-1030(D): This section may be enforced in a private civil action and relief may be awarded against the state.
• A.R.S. § 41-1030(E): A state employee may not intentionally or knowingly violate this section.

A.R.S. § 41-1030(F): This section does not abrogate the immunity provided by § 12-820.01 or 12-820.02.



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PART 4: REQUIRED DOCUMENTS

STOP

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

STOP

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 the Applicant and the Qualifying Party.
- Bond.** Completed original [Bond Verification Form](#).
- Fees.** The required [application fee, licensing fee and for dual or residential licenses also includes the recovery fund assessment](#).
- 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.
- Signatures.** Completed [Signatures](#) section (see next page).

SUPPLEMENTAL DOCUMENTS

- 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 or a license with a solar component)



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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