

OFFICIAL USE ONLY

STATE OF ARIZONA
REGISTRAR OF CONTRACTORS

OFFICIAL USE ONLY

Receipt No.

Fees

Posted

Class

Issued

APPLICATION FOR
CONTRACTORS LICENSE

COMMERCIAL

RESIDENTIAL

DUAL

NOTICE:
Falsification of any information
on this application is a felony

1. NAME OF BUSINESS: _____

Application must be **PRINTED IN BLACK INK** or typewritten. Applicants should confirm the availability of any proposed contracting name with the Registrar of Contractors (Licensing Department) (602) 542-1525, or 1-877-MY AZROC (1-877-692-9762), the Secretary of State (Registration Department), and if applying as a corporation or limited liability company, the Arizona Corporation Commission.

2. Place of Business: _____

Street Address, Suite, Apt #

City

State

Zip Code

3. Phone No.: _____ 4. License Classification Applying for: _____

5. Mail Address: _____

Street Address, Suite, Apt. #, P.O. Box

City

State

Zip Code

E-mail address

6. To conduct business as (Check One): Individual Partnership Corporation Limited Liability Company

7. Name of Qualifying Party: _____

First

Middle

Last Name

8. Qualifying Party is (Check one): Owner Partner Corporate Officer Member Employee

The personnel listed below shall include, if an individual, the individual applying; if a partnership, all partners; if a corporation, association or other type of organization, the president, vice president, secretary, treasurer, or the equivalent of these officers, if a limited liability company all members. Also list the name, address and title of the Qualifying Party. (Arizona law prohibits a minor from being an individual owner, partner, corporate officer or member on a contractor's license.)

| PERSONNEL OF APPLICANT FULL NAME (FIRST, MIDDLE, LAST) If you have no middle name - state "none" | | | TITLE: Owner; Partner; Corporate President, V.P. Secretary, Treasurer; Member; Qualifying Party | COMPLETE RESIDENTIAL ADDRESS INCLUDING CITY, STATE AND ZIP CODE | DATE OF BIRTH MONTH/DATE/YEAR |
|--|--------|------|---|--|----------------------------------|
| FIRST | MIDDLE | LAST | | | |
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14. Has any person listed in questions 9 or 11 ever been on a contractor's license issued by Arizona or any other state? YES NO
 Have you been on a license in Arizona or any other state that has been disciplined? YES NO If yes, complete the following:

Who: _____ Company: _____
First Middle Last Name

State: _____ License Type: _____ Status of license: _____

Type of disciplinary action (if any): _____

Who: _____ Company: _____
First Middle Last Name

State: _____ License Type: _____ Status of license: _____

Type of disciplinary action (if any): _____

If more space is needed attach separate sheet.

***** IMPORTANT MESSAGE *****

15. A.R.S. §23-902 requires that your business must have Workers' Compensation Insurance if you employ any person. Furthermore, A.R.S. §32-1122 B.1(i), states the qualifications for obtaining a new license or renewing an existing license includes: "Proof that the applicant has complied with the statutes or rules governing Workers' Compensation Insurance.

Please review the following: Check and SIGN, the status that applies OR check and **SUBMIT** the appropriate **COPY OF CERTIFICATE OR INSURANCE STATEMENT SHOWING POLICY NUMBER AND EFFECTIVE DATE**. If you do not, we will conclude that your business does not intend to comply with the law and thus your application will not be processed.

Applicant will secure a "Resolution of Authorization" from the Industrial Commission of Arizona to act as a self-insurer for payment of Worker's Compensation benefits to its employees pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE MUST BE ATTACHED AND SUBMITTED ALONG WITH APPLICATION).**

Applicant will comply by insuring and keeping insured for payment of such compensation with an insurance carrier authorized by the director of insurance to write Worker's Compensation Insurance in this state, pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE MUST BE ATTACHED AND SUBMITTED ALONG WITH APPLICATION).**

Applicant is not presently engaged with work in Arizona, but does agree to comply with Worker's Compensation mandate when work is secured.

Signature X _____

Applicant may employ workers who elect to reject the provisions of the statutes or rules governing Workers' Compensation Insurance and will maintain, in their records, a notice in writing that is signed and dated pursuant to Title 23, Chapter 6, A.R.S. §23-906.A.

Signature X _____

Applicant is self employed and will not employ workers and therefore is exempt from the statutes or rules governing Workers' Compensation.

Signature X _____

**THIS DOCUMENT AVAILABLE IN ALTERNATIVE FORMATS BY CALLING
 (602) 542-1525; TDD (602) 542-1588
 PURSUANT TO THE AMERICANS WITH DISABILITIES ACT.**

