

Receipt No.
Fees
Class

**STATE OF ARIZONA REGISTRAR OF CONTRACTORS  
APPLICATION FOR CONTRACTOR'S LICENSE**

**NOTICE**

Falsification of any information on this application is a felony.

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.

Please type or print in black ink

1. Name of Business: \_\_\_\_\_

2. Physical Place of Business: \_\_\_\_\_

Street Address, Suite, Apt # (No PO Box, PMB or Mail Box Store)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Check here if this is the physical place of business address for **all** of your licenses (if applicable).

3. Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

[License Classification and](#)

4. [Scope of Work Applying for:](#) \_\_\_\_\_

Classification

Scope of Work Description

5. Mailing Address: \_\_\_\_\_

Street Address, Suite, Apt # or P O BOX

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Check here if this is the mailing address for **all** of your licenses (if applicable).

6. To Conduct Business As (check one) Individual  Partnership  Corporation  Limited Liability Company

If applying as a corporation or limited liability company, enclose a copy of corporate articles or limited liability company agreement showing the date stamp affixed by the [Arizona Corporation Commission](#) (ACC), or limited partnership papers from the [Arizona Secretary of State](#) designating your corporation file number and date approved. If your corporation is over 6 months old, a certificate of good standing from the ACC shall be provided in lieu of the corporate articles. If applying as a franchise, a complete copy of the franchise agreement must also be submitted.

7. 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 (QP). If ownership is held by another entity, an authorized signer must be listed. (Arizona law prohibits a minor from being an individual owner, partner, corporate officer, member or Qualifying Party on a contractor's license)

Personnel of Applicant If you have no middle name state, "none"			Title	Complete Residential Address Including City, State and Zip Code	Date of Birth mm/dd/yyyy	% of Owner -ship
First Name	Middle Name	Last Name	Owner; Partner; Director; QP; President; V.P.; Secretary; Treasurer; Member; Employee			
			QP/			

8. [Arizona Transaction Privilege Tax Number:](#)

9. Has any person or entity listed in questions 1 or 7 filed a petition for bankruptcy protection, or been named on an ROC license where the business entity has filed a petition for bankruptcy protection within the last 7 years? YES  NO   
Check all that apply and attach complete copies of petition(s), docket report(s), Schedules E and F and the discharge order(s)

- a.  filed for bankruptcy protection? Who? \_\_\_\_\_
- b.  been named on a contractor's license in which the license holder filed for bankruptcy protection?

Who? \_\_\_\_\_ License holder name(s) \_\_\_\_\_

9c. Is any person or entity listed in questions 1 or 7 delinquent in payment of any of the following: state or federal income taxes, payroll withholding, social security, unemployment or workers' compensation? YES  NO  If YES, attach a detailed explanation

If YES, who? \_\_\_\_\_

10a. Has any person listed in question 7 been cited for contracting without a license? YES  NO  If YES, who, where and when? \_\_\_\_\_

10b. Has any person listed in question 7 been convicted of a felony or have a felony charge pending? YES  NO

If yes, provide the full names of all persons convicted of a felony. You are required to complete and submit the Criminal History Disclosure Packet which may be obtained from the Licensing Department or on our website: [http://www.azroc.gov/l\\_Forms.html](http://www.azroc.gov/l_Forms.html). You will be notified in writing by the Registrar when the Criminal History review is completed. Do not submit your application until notified. **Note:** Even though a conviction has been vacated, pardoned, expunged, dismissed, appealed, listed as undesignated or otherwise reduced or your civil rights have been restored, you are required to answer "YES."

If YES, who? \_\_\_\_\_

10c. Has any person listed in question 7 been convicted of a misdemeanor? YES  NO  If YES, what charge, who, where, what court and when? \_\_\_\_\_

**CANCELLATION OF LICENSE(S) UPON ISSUANCE OF NEW LICENSE(S)**

License shall be cancelled upon the written request signed by: an owner, a partner, an officer, a member or an authorized signer listed on the license.

11. I/We hereby request voluntary cancellation of the license #(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Issued to:

\_\_\_\_\_ X \_\_\_\_\_  
Printed Name Signature Title Date

12a. Has any person listed in question 7 ever been on a contractor's license issued by Arizona or any other state? YES  NO

Who: \_\_\_\_\_  
First Name Middle Name Last Name Company

State: \_\_\_\_\_ License Number: \_\_\_\_\_ License Type: \_\_\_\_\_ Status of License: \_\_\_\_\_

12b. Has any person listed in question 12a ever been on a contractor's license that has been suspended, revoked or otherwise disciplined? YES  NO

Who: \_\_\_\_\_  
First Name Middle Name Last Name Company

State: \_\_\_\_\_ License Number: \_\_\_\_\_ License Type: \_\_\_\_\_ Status of License: \_\_\_\_\_

If more space is needed, you may use the worksheet provided at the end of this application and/or attach a separate sheet.

**13. \*\*\* IMPORTANT MESSAGE \*\*\***

**Please certify compliance with the Arizona Workers' Compensation Act by checking the applicable box below:**

- A. 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 Workers' Compensation Insurance in this state, pursuant to A.R.S. [§ 23-961.A.1](#). **Attach a copy of certificate of insurance or Declarations page.**
- B. 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 A.R.S. [§ 23-906.B](#).
- C. Applicant will secure a Resolution of Authorization from the Industrial Commission of Arizona to act as a self-insurer for payment of Workers' Compensation benefits to its employees pursuant to A.R.S. [§ 23-961.A.2](#). **Attach a copy of Resolution of Authorization.**
- D. Applicant will not employ workers and, therefore, is exempt from the statutes or rules governing Workers' Compensation Insurance. (If workers are hired after this application, Applicant shall comply with one of the above and notify the Registrar in writing.)

I certify and verify under penalty of perjury that the business listed on this application meets the Workers' Compensation Insurance requirement(s) indicated above.

\_\_\_\_\_ X \_\_\_\_\_  
Printed Name Signature Title

**VERIFICATION**

**I (WE), THE UNDERSIGNED, HEREBY APPLY FOR A CONTRACTOR'S LICENSE AND VERIFY UNDER PENALTY OF PERJURY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE OF MY/OUR OWN KNOWLEDGE.**

**INSTRUCTIONS FOR SIGNING**

**An Application for an Individual Owner** must be signed by the Owner and by the Qualifying Party if the Owner elects not to qualify himself.

<b>INDIVIDUAL</b>	QP	<b>X</b>	
	Printed Name of Qualifying Party	Signature of Qualifying Party	Date
		<b>X</b>	
	Printed Name of Owner	Signature of Owner	Date

**A Limited Liability Company or Partnership Application** must be signed by **each** member of the LLC or **each** partner of the partnership and by the **Qualifying Party** if the Qualifying Party is not a member or partner of the company.

<b>PARTNERSHIP or LIMITED LIABILITY COMPANY</b>	QP	<b>X</b>	
	Printed Name of Qualifying Party	Signature of Qualifying Party	Date
	1. <span style="border-bottom: 1px solid black;"></span>	<b>X</b>	
	Printed Name of Member or Partner	Signature of Member or Partner	Date
	2. <span style="border-bottom: 1px solid black;"></span>	<b>X</b>	
	Printed Name of Member or Partner	Signature of Member or Partner	Date
3. <span style="border-bottom: 1px solid black;"></span>	<b>X</b>		
Printed Name of Member or Partner	Signature of Member or Partner	Date	
4. <span style="border-bottom: 1px solid black;"></span>	<b>X</b>		
Printed Name of Member or Partner	Signature of Member or Partner	Date	
5. <span style="border-bottom: 1px solid black;"></span>	<b>X</b>		
Printed Name of Member or Partner	Signature of Member or Partner	Date	

**A Corporate Application** must be signed by the **President** and **Secretary** and by the **Qualifying Party** if the Qualifying Party is not the President or Secretary.

<b>CORPORATION</b>	QP	<b>X</b>	
	Printed Name of Qualifying Party	Signature of Qualifying Party	Date
		<b>X</b>	
	Printed Name of President	Signature of President	Date
		<b>X</b>	
Printed Name of Secretary	Signature of Secretary	Date	
		<b>X</b>	
Printed Name of Officer	Signature of Officer	Date	

**This document is available in alternative formats by calling  
(602) 542-1525; tdd (602) 542-1588  
pursuant to the Americans with Disabilities Act.**