

PHOENIX OFFICE
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 PHOENIX, AZ 85012-1946
 (602) 542-1525 or AZ TOLL-FREE
 1-877-MY AZROC (1-877-692-9762)



TUCSON OFFICE
 400 W. CONGRESS, STE. 212
 TUCSON, AZ 85701-1311
 (520) 628-6345

ARIZONA REGISTRAR of CONTRACTORS

Janice, K. Brewer, Governor

William A. Mundell, Director

APPLICATION TO REINSTATE INACTIVE CONTRACTOR'S LICENSE

Please read Instructions on other side before completing this page.

Please type or print in ink:

(EXACT NAME AS SHOWN ON LICENSE CERTIFICATE)

Name _____			License Number _____
Current Mailing Address: Street or PO Box No _____			License Classification _____
City _____	State _____	Zip Code _____	Telephone Number _____
E-mail address _____			Fax Number _____

**THIS APPLICATION MUST BE SIGNED BY A MEMBER OF THE LICENSED ENTITY
 AS WELL AS THE QUALIFYING PARTY
 I (WE) REQUEST REINSTATEMENT OF THIS LICENSE.**

- | | |
|---|--|
| 1. If a Sole Proprietorship - by the owner | Signature: _____ |
| 2. If a partnership - by a partner | Title: _____ |
| | <small>Owner, Partner, Corporate Officer, Member</small> |
| 3. If a Corporation - by an officer | |
| 4. If a Limited Liability Company - by a member | |

Qualifying Party Signature: _____ Date: _____

Please print Qualifying Party's name: _____

NOTE FOR FELONY CONVICTIONS: HAS ANY PERSON LISTED ON THIS REINSTATEMENT FORM BEEN CONVICTED OF A FELONY? YES NO
 IF YES, PROVIDE THE FULL NAMES OF ALL PERSONS CONVICTED OF A FELONY. PLEASE REQUEST RECORDS RELEASE FORMS FROM THE
 LICENSING DEPARTMENT, WHICH MUST BE SUBMITTED WITH THIS REINSTATEMENT. **NOTE:** EVEN THOUGH A CONVICTION HAS BEEN VACATED,
 PARDONED, EXPUNGED, DISMISSED OR APPEALED, OR YOUR CIVIL RIGHTS HAVE BEEN RESTORED, YOU ARE, REQUIRED TO ANSWER "YES."

OFFICIAL USE ONLY

____ Months beginning in _____ @ \$ _____	Receipt No. P _____	<u>DATE</u>	<u>INITIALS</u>
____ Months beginning in _____ @ \$ _____	D.P. Entry	_____	_____
Recovery Fund _____	Approved	_____	_____
Total Due _____	Renew Thru	_____	_____
Paid _____	New Address	YES	NO
Refund Overpayment _____	Update Lic. File	_____	_____
Refund Requested _____	Close Pend File	_____	_____
Date _____ Initials _____	Mailed I.D.	_____	_____

(OVER)

INSTRUCTIONS:

1. The reinstatement fee prorated for the months listed on page 1 must accompany this form. If you do not reinstate during these months, contact this office for the appropriate fee.
2. A license bond (surety bond, cash or alternative to cash) must be filed with Registrar of Contractors **BEFORE** the license will be reinstated.
3. This Reinstatement Application must be received by the Registrar of Contractors **30 days prior to the effective date of reinstatement** or **30 days prior to the end of the five year inactive status period**.
4. Residential licensees must provide a \$200,000 Consumer bond or participate in the Residential Contractors Recovery Fund.
5. Proof of Workmen's Compensation Insurance form must be completed and submitted with this application.
6. Sole proprietors must include their social security number.

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS A VIOLATION OF A.R.S. §32-1154.

PURSUANT TO A.R.S. §32-1122, (B)(1), any change in the information provided by the licensee for this license must be reported in writing within 30 calendar days of the change, including:

1. Any change of corporate directors or stockholders holding 25% or more of the company stock.
2. The change in status of any corporate officer.
3. A change of residential address of the qualifying party; the owner of a sole proprietor license; a partner of a partnership license; an officer, director or stockholder of 25% or more or a member of a limited liability company.
4. A change of the mailing address and/or business address of the licensed company.

Note: Any change to the mailing address must be entered in spaces provided on the other side of this form. Any other changes to the above information shall be submitted on a separate sheet of paper accompanied by this reinstatement form.

PROOF OF COMPLIANCE WITH THE FOLLOWING IS REQUIRED:

At reinstatement, proof of good standing with the Corporation Commission and a current Arizona privilege tax license number must be included pursuant to A.R.S. 32-1122.B.1(f)(h).

Arizona Transaction Privilege tax number: _____

NOTE: Any change of qualifying party, change in business entity or change of company name requires separate applications and fees.