

PHOENIX OFFICE  
3838 N. CENTRAL AVE., STE. 400  
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

*Janet Napolitano, Governor*

*Fidelis V. Garcia, Director*

### REQUEST FOR AFFIDAVIT

I REQUEST AN AFFIDAVIT ON THE FOLLOWING COMPANY(S) OR PERSON(S).

A REQUEST FOR AN AFFIDAVIT IS A \$10.00 MINIMUM FEE. AN ADDITIONAL \$10.00 WILL BE CHARGED FOR EVERY HOUR OVER THE FIRST HOUR OF PROCESSING. THE REQUEST WILL BE PROCESSED WITHIN (5) TO (10) WORKING DAYS.

PLEASE TYPE OR PRINT IN INK:

Name of Individual: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_

License Number(s): \_\_\_\_\_

\_\_\_\_\_

This affidavit is requested for the following purpose or to show that: \_\_\_\_\_

\_\_\_\_\_

I request the following information to be included in the affidavit if possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME OF  
SIGNER: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish the affidavit to be mailed to the above address.

I wish to pick up the affidavit when ready.