

## ARIZONA REGISTRAR OF CONTRACTORS



Katie Hobbs, Governor Martin Quezada, Director

Form RC-L-200G

## OUT-OF-STATE WAIVER REQUEST FORM

## Instructions

Complete this form to request a waiver for your license application. After consideration, the Registrar may approve your request. You must complete this form for <u>each</u> license you are requesting a waiver for and submit it to the state where you have held a license. This waiver will not waive the Arizona Statutes and Rules Training Course and Exam (SRE).

Under A.R.S.  $\S$  32-1122(A)(4): 32-1122(E)(1): and 32-4302, the Registrar must waive certain licensing requirements if the applicant qualifies under the conditions of these statutes. See also A.A.C. R4-9-106; R4-9-119. This may result in the waiver of the examination requirements, experience requirements, or both. If you have questions regarding the applicability of waivers to your specific license application, please contact the Registrar's Licensing Department.

California Applicants: Arizona's Engineering classifications may differ in scope from California's. If applying for the Arizona A-General Engineering license, please submit a scope letter detailing the type of work being performed in the State of Arizona prior to submitting your application to the Registrar. Please sent the scope letter to licensing@roc.az.gov.

A. Applicant & License Information						
1. Complete the information requested below;						
2. Send this Waiver Request Form to the State that will verify your li		xam history;				
3. Do not alter the Waiver Request Form returned from the verifying 4. Enclose this Waiver Request Form with your License Application.						
Business Name on License, including DBA if applicable				2. State Where License was Issued (e.g.		
				Arizona)		
3. License Classification				4. License Number		
5. Current Status of License (e.g. 'current', 'suspended', 'revoked', or 'inactive')  6. Lice			6. Licen	ense Dates (Start – End) (MM/DD/YY)		
7. Name of Applicant 8. Appl				lying for Arizona License Classification		
9. Applicant's Street Address	10. Ci	•••	11. Stat	•	12. Zip Code	
7. Applicant's Street Address	10. 61	ıy	11. 3tai	e	12. Zip Code	
B. Acknowledgement and Signature.						
13. Signature of Person Requesting Waiver 14. Date			15		5. Phone Number	
C. Out-of-State Verification. Only complete if requesting a waiver based on a license issued by another state.						
Instructions for Verifying State:						
1. Complete the information requested below;						
2. Stamp this document with a State seal; and						
3. Mail this verification form to the Applicant's address (provided by the Applicant on Page 1 of the License Application).						
1. Name of Board or Agency			2. Name of Person Providing Verification			
3. Current License Status		4. Date th	4. Date this Qualifying Party was First Named on License			
5. Number of Years of Experience Verified by the Board or Agency		6. Exam(s	6. Exam(s) Taken			
7. Name and Date of Passing Exam					8. State Seal	
7. Name and bate of 1 assing Exam					o. State Seat	
D. Acknowledgement and Signature.  9. Signature of Verifier  10. Date						
9. Signature of Verifier	io. Date					

1700 W. Washington Street, Suite 105 ● Phoenix AZ 85007-2812 602.542.1525 ● Within AZ 877.692.9762 ● Fax 602.542.1599 ● roc.az.gov