REGISTRAR OF CONTRACTORS
800 W. Washington, 6th Floor
Phoenix, Arizona 85007

"OFFICER CHANGE FORM"

DATE: _____

COMPANY NAME:_____ LICENSE # _____

_____

_____

List **ALL** Corporate Officers: Their **FULL LEGAL NAMES**, Dates of Birth, Titles and Percent of Ownership, indicate "0%" if none. Omission of a middle name is accepted only if the person legally has no middle name and indicates "none". Initials are acceptable only if part of the person's legal name and "only" is added behind the initial. **State person(s) or firm(s) HOLDING ownership, IF other than Officer listed.**

PRINT or **TYPE**: FULL NAME (FIRST, MIDDLE, LAST)	TITLE	DATE OF BIRTH	PERCENT OF OWNERSHIP %

NOTE FOR FELONY CONVICTIONS:
Has any person listed on this officer change form on the license(s) 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 form. **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."

Who:_____ To request forms call: (602) 542-1525

We certify that the above information is true and correct to the best of our knowledge:

_____ _____
President Secretary

Main E-mail address:_____

SIGNATURES OF PRESIDENT AND SECRETARY MUST BE NOTARIZED

This instrument was acknowledged before me this_____ day of _____, 20 _____ .

_____ My commission expires _____
NOTARY PUBLIC

STATE OF _____)
) SS
COUNTY OF_____)

Visit our Website at http://www.azroc.gov/