## **Building Confidence Program Request Form**

Mail To: Registrar of Contractors P.O. Box 18243 Phoenix, AZ 85005-8243



## Departmental Use Only

| Received by     |  |
|-----------------|--|
| Investigator    |  |
| Investigation # |  |

The Building Confidence program is an informal process to resolve construction disputes (A.R.S. § 32-1104(B)(2)). After a Building Confidence Program Request Form is filed, the Registrar of Contractors (ROC) will notify the property owner and the contractor of the inspection date and time. After the inspection, the ROC will notify the property owner and the contractor of the findings.

| mungs.  |                     |                               |                               |                       |         |              |               |
|---|---------------------|-------------------------------|-------------------------------|-----------------------|---------|--------------|---------------|
| Person Requesting AZ ROC's Building Confidence Visit  |                     |                               |                               |                       |         |              |               |
| Full Name (Last, First, Middle)   |                     | Business Name (i              | Business Name (if applicable) |                       |         |              |               |
|   |                     |                               |                               |                       |         |              |               |
| Are you the prov  | nanty ayynan an the | a contractor?                 |                               | Property O            |         | Contrac      |               |
| Are you the property owner or the contractor?   |                     | Property Owner Contractor     |                               |                       |         |              |               |
| If you are the proinspection?   | operty owner, wi    | ll you allow the co           | ntractor to be p              | present at the        |         | Yes          | No            |
| I consent to receive communications electronically in o                                       |                     |                               | n connection v                | with this progra      | m.      | Yes          | No            |
| <b>Property Owne</b>  | r Information       |                               |                               |                       |         |              |               |
| Full Name (Last, First, Middle)   |                     | Business Name (if applicable) |                               |                       |         |              |               |
|   |                     |                               |                               |                       |         |              |               |
| M '1' A 1 1   |                     |                               | C'.                           |                       | Ct. t   | 7.           |               |
| Mailing Address   |                     |                               | City                          |                       | State   | Zip          |               |
|   |                     |                               |                               |                       |         |              |               |
| Phone Number  |                     | Email                         |                               |                       |         |              |               |
|   |                     |                               |                               |                       |         |              |               |
|   |                     |                               |                               |                       |         |              |               |
| Contractor Info   |                     |                               |                               |                       |         |              |               |
| Name (as shown on contract/invoice)   |                     |                               | ROO                           | ROC License Number(s) |         |              |               |
|   |                     |                               |                               |                       |         |              |               |
| Mailing Address   |                     |                               | City                          |                       | State   | Zip          |               |
|   |                     |                               |                               |                       |         |              |               |
|   |                     | 1                             |                               |                       |         |              |               |
| Phone Number  |                     | Email                         |                               |                       |         |              |               |
|   |                     |                               |                               |                       |         |              |               |
| <b>Project Informa</b>  | ation               |                               |                               |                       |         |              |               |
| Jobsite Street Address (if different from property owner's mailing address)  City  State  Zip |                     |                               |                               |                       |         |              |               |
| (-  |                     |                               |                               |                       | ~       |              |               |
|   |                     |                               |                               |                       |         |              |               |
| Contract Date   | Date Work Started   | Close of Escrow (New Ho       | me) Move-In Date              | e (New Home) Date     | Work Wa | as Ceased or | Was Completed |
|   |                     |                               |                               |                       |         |              |               |
|   |                     | l                             |                               | 1                     |         |              |               |

| Item(s) of Concern  |                    |      |  |  |  |
|---|--------------------|------|--|--|--|
| Numerically list and briefly describe each item (attach additional pa   | ages if necessary) |      |  |  |  |
| 1.  |                    |      |  |  |  |
| 2.  |                    |      |  |  |  |
|   |                    |      |  |  |  |
| 3.  |                    |      |  |  |  |
|   |                    |      |  |  |  |
| 4.  |                    |      |  |  |  |
| - <del></del>   |                    |      |  |  |  |
| 5   |                    |      |  |  |  |
| 5.  |                    |      |  |  |  |
|   |                    |      |  |  |  |
| 6.  |                    |      |  |  |  |
|   |                    |      |  |  |  |
| 7.  |                    |      |  |  |  |
|   |                    |      |  |  |  |
| 8.  |                    |      |  |  |  |
|   |                    |      |  |  |  |
| 9.  |                    |      |  |  |  |
|   |                    |      |  |  |  |
| 10.   |                    |      |  |  |  |
|   |                    |      |  |  |  |
| Signature   |                    |      |  |  |  |
|   |                    |      |  |  |  |
| I understand that by submitting this form I am requesting a building confidence inspection. I understand                            |                    |      |  |  |  |
| that a building confidence inspection is not a formal complaint or investigation. I understand that                                 |                    |      |  |  |  |
| requesting a building confidence inspection does not extend the two-year period for submitting a formal                             |                    |      |  |  |  |
| complaint. I understand the investigator's findings represent the opinion of the investigator and are not a final order of the ROC. |                    |      |  |  |  |
| y 5. 35. 6, we ke 5.  |                    |      |  |  |  |
| Printed Name  | Signed             | Date |  |  |  |
|   |                    |      |  |  |  |
|   |                    |      |  |  |  |