

ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

LICENSE APPLICATION (CORPORATION)

THIS APPLICATION IS FOR CORPORATIONS ONLY

This License Application is for a corporation seeking to obtain an Arizona Contractor's License.

If the Applicant is a sole-proprietorship, use the **Sole-Proprietorship License Application Form**. A sole proprietorship is a business owned and controlled by one person.

If the Applicant is an LLC that is not owned or operated by another entity, use the LLC License **Application Form.**

If the Applicant is a partnership that is not owned or operated by another entity, use the **Partnership License Application Form.**

If the Applicant is a tiered entity, you must contact the Registrar's Licensing Department at (602) 542-1525 for assistance. A **Tiered Entity** is an entity that is owned or operated by another entity.

For example, if "Red Corporation" is owned or operated by "Blue, LLC," "Red Corporation" would be considered a Tiered Entity for the purposes of obtaining a contractor's license.

STEPS TO OBTAIN A CONTRACTOR'S LICENSE

To obtain an Arizona Contractor's License, complete the following:

- 1) Identify a Qualifying Party: The Applicant must identify a Qualifying Party for the license. A Qualifying Party is a regularly employed person with the necessary experience, knowledge and skills as defined under A.R.S. § 32-1122(E).
- 2) Pass Examination(s). The Qualifying Party must pass the required exams by at least 70% and submit exam results. The Qualifying Party must complete a business management exam (BME) and a specific trade exam, unless eligible for a waiver.
 - To determine which exams are required for a specific license classification, refer to the Registrar's License Classification Requirements.
 - The Qualifying Party can register to take an exam through PSI Exams Online.
 - For information about PSI's testing procedures, refer to PSI's Candidate Information Bulletin.
- 3) Submit to Background Checks. The Qualifying Party listed in Part 2, and each individual listed in Part 3: Persons in this License Application Form must submit copies of the payment transaction receipt from their background checks.
- 4) Form a Legal Entity. Form or register a Corporation with the Arizona Corporation Commission.
- 5) **Bond.** The Applicant must obtain a license Bond.
- 6) Pay the Fees. Include the required fees and assessments with your License Application form.

(continued on next page)

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

Form RC-L-200C **License Application (Corporation)** Instructions Rev. 1/25/2018



ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

- 7) Government Identification. The Qualifying Party listed in Part 2, and each individual listed in Part 3: Persons in this License Application Form must submit a copy of their government issued identification with the application. Acceptable forms of identification include a valid driver's license or passport.
- 8) Complete and Submit This Application. Complete and submit this License Application Form to the Registrar using one of the following methods:

Mail this application to: Registrar of Contractors

P.O. Box 6748

Phoenix, AZ 85005-6748

Deliver this application to: Registrar of Contractors

1700 W. Washington Street, Suite 105

Phoenix, AZ 85007-2812

WAIVERS

Some of the requirements listed above may be waived depending on an Applicant's past experience in the contracting field. To determine if a waiver applies to your application, refer to the Registrar's online Waiver Eligibility page.

AGENCY DISCLOSURE

Pursuant to A.R.S. § 41-1030(G), the Registrar provides the following disclosures:

- A.R.S. § 41-1030(B): An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- A.R.S. § 41-1030(D): This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- **A.R.S.** § 41-1030(E): A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- A.R.S. § 41-1030(F): This section does not abrogate the immunity provided by § 12-820.01 or 12-820.02.

Do Not Submit These Instructions With Your Application

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

License Application (Corporation) Form RC-L-200C Instructions Rev. 1/25/2018

Form
RC-L-200C

(CORPORATION)

For Intern	al Use Only
Pending#	

PART I: APPLICANT INFORMATION

To avoid **delay** or **denial**, the Applicant must completely and accurately fill out the following information. • An **Authorized Representative** is a person with the authority to sign on behalf of the Corporation. • The business address you provide will be publicly available on the Registrar's website. To obtain a contractor's license, an applicant must provide their mailing address and the address or location of the applicant's place of business if it is different from the applicant's mailing address. A.R.S. §§ 32-1122(B)(1)(b) & (f). To determine the appropriate License Classification Description in box 6, refer to the Registrar's <u>License</u> <u>Classifications</u> located at https://roc.az.gov/license-classifications. 2. Fictitious Trade Name (i.e. DBA), if applicable. I. Corporation Name 3. Authorized Representative's Name 4. Arizona Corporation Commission File Number 6. Requested License Classification Description 7. Federal Employer Identification Number (EIN) 8. Business Address (No PO Boxes or Private Mail Boxes) Zip Code City State 9. Mailing Address (If different than business address) City State Zip Code 10. Phone Number 11. Email Address Enter [Email / Telephone] **CONSENT** 12. I consent to receive notifications from the Registrar by email at the following email address 13. I consent to receive notifications from the Registrar by text messaging at the following telephone number "Notifications" include renewal notices and monthly newsletters. By consenting to receive notifications via text or email, you will not be excluded from receiving notifications by regular mail. You consent by entering the information above.

PART 2: QUALIFYING PARTY

QUALIFYING PARTY

The "Qualifying Party" is a person who is regularly employed by the Applicant and is actively engaged in the classification of work for which the person qualifies on behalf of the Applicant. The Qualifying Party must have the necessary experience, knowledge and skills to supervise or perform the contracting work.

A.R.S. § 32-1127

The Qualifying Party listed below may be listed as the qualifying party for up to two licenses, but only when:

- 1. There is a common ownership of at least twenty-five per cent of each licensed entity for which the person acts in a qualifying capacity.
- 2. One licensee is a subsidiary of another licensee for which the same person acts in a qualifying capacity.

 "Subsidiary" as used in this section means a corporation of which at least twenty-five per cent is owned by the other licensee.

Name as it appears on your government issued ID		2. Title/Position			3. Ownership %		
4. Date of Birth (MM/DD/YYYY)	5. Driver's License or Government ID No. 6. Social Secur				rity Number	_	
7. Residential Address		City		State		Zip Code	
8. Mailing Address (If different than residential address)	City		State		Zip Code	
9. Phone Number	10. Email Addres	s					
Consent				Ent	er [Emai	I / Telephone]	
II. I consent to receive notifications f email at the following email address							
12. I consent to receive notifications f text messaging at the following telephore	one number						
"Notifications" include renewal notices ar will not be excluded from receiving notific							ı
The Qualifying Party must demonstrate sufficience can be determined by referring to or certifications may be submitted to substant. • Under A.R.S. § 32-1122(E)(1), at least license. • If additional space is needed, comp	ent experience of the <u>License Clas</u> iate experience, east two years o	ssification Re , or a portion of experience	by the desire equirements of experie e must be e	ed licen table. nce. arned v	Technical trai	ining, military service, diplomas, ten years prior to applying for a	
I. Business Name of Employer or "Self-Employed"							
2. Duration of Experience (e.g. "1/1/2007 through 1/1/	2017")		3. A	verage F	lours Worked P	er Week	
4. Position(s)		5. Size of	Projects Qua	lifying Pa	rty Worked On	(Square Foot and/or Dollar Amount)	_
6. Description of Qualifying Party's Main Duties							

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

	Experie	NCE REFERE	NCE		
Include the name and contact inform				experience. The	reference must have
direct, first-hand knowledge of the					
application.	0 1/ 8 / 1			•	
7 Reference's Name	8. Reference's Relat	ionship to Qualifyin	g Party (e.g. "Cons	sumer"; "Co-worker	r"; "Employer"; "Supervisor")
9. References Mailing Address		City	I c.	ate	Zip Code
7. References Planning Address		City	30	ate	Zip Code
10. Reference's Phone Number		II. Reference	's E-mail		
ADI	DITIONAL RELEVAN	IT EXPERIEN	ICE (IF NEC	ESSARY)	
The Qualifying Party must demonstr					e reauired amount of
experience can be determined by re					
or certifications may be submitted to					,,,,
	E)(1), at least two years of			in the last ten ve	ars brior to abblying for a
license.	=)(1), at least two years of	experience must	be carried with	in the last ten ye	ars prior to applying for a
	led, complete and attach as	o many "Addition	al Polovant Ext	orionco" bagos e	an nococoani
Business Name of Employer or "Self-Employer		s many Addition	ai Kelevalit Exp	beliefice pages a	is fiecessury.
1. Business (Name of Employer of Sen-Emp	oloyed				
2. Duration of Experience (e.g. "1/1/2007 to	hrough 1/1/2017")		3. Average Hour	s Worked Per Wee	k
4. Position(s)		5. Size of Projects	Qualifying Party	Worked On (Square	Foot and/or Dollar Amount)
· ·		,	, , ,	\ 	,
6. Description of Qualifying Party's Main D	uties				
	EXPERIE	NCE REFERE	NCE		
Include the name and contact inforn	nation for a reference who	can verify the Qu	ialifying Party's	experience. The	reference must have
direct, first-hand knowledge of th					
application.	•	•			
7 Reference's Name	8. Reference's Relat	ionship to Qualifyin	g Party (e.g. "Cons	sumer"; "Co-worker	r"; "Employer"; "Supervisor")
O Defenence Meiling Address		Cim	I c.		7:- Cada
9. References Mailing Address		City	St	tate	Zip Code

Form RC-L-200C

Rev. 1/25/2018

License Application (Corporation)
Page 3 of 11

II. Reference's E-mail

10. Reference's Phone Number

PART 3: PERSONS

COMPLETE AND ATTACH ADDITIONAL PART 3s AS NECESSARY TO PROVIDE THE INFORMATION FOR ALL OF THE FOLLOWING PERSONS ON THE LICENSE.

- President, Vice-President, Secretary, Treasurer, or the functional equivalent of these officers;
- Owners of at least twenty-five percent of the stock or beneficial interest of the corporation; and
- Directors.

This information is required under A.R.S. § 32-1122(B)(1)(d).

Every person listed on this application must be 18 years of age or older and must sign this application form under <u>Part 6: Signatures</u>.

Arizona Corporation Commission Documents

All persons listed on the entity documents filed with the Arizona Corporation Commission must be listed in this section. Entity documents can be located using the Corporation Commission's <u>search tool</u> located at http://ecorp.azcc.gov/Search.



• Note: This application is only for corporations owned solely by individuals.



• If any corporation, LLC, partnership, trust, or other business organization is listed on the applying entity's Arizona Corporation Commission documents, then you must contact the Registrar's Licensing Department at (602) 542-1525 for assistance.

		OFFICER						
The Designar requires all of the information	on halaw for	OFFICER						
The Registrar requires all of the information below for all officers.								
I. Name as it appears on your government-Issued ID								
2. Title/Position		3. Ownership	%		4. Date of Birtl	h (MM/DD/YYY	Υ)	
5. Driver's License or Government ID No.		l.		6. Socia	Security Number	er		
7. Business or Residential Address		City			State		Zip Code	
7. Business of Residential Address		City			State		Zip Code	
8. Mailing Address (If different than business or resident	tial address)	City			State		Zip Code	
9. Phone Number	10. Email Addre	ess						
CONSENT				Fr	ter [Ema	il / Teler	phonel	
CONSERT					icei [=iiia	iii / I CiC	, none	
12. I consent to receive notifications	from the Re	egistrar by						
email at the following email address								
13. I consent to receive notifications from the Registrar by text messaging at the following telephone number								
"Notifications" include renewal notices an			, conse	nting to	receive noti	ifications via	text or email	l vou
will not be excluded from receiving notification								, you

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

		OFFICER			
The Registrar requires all of the information	on helow for	OFFICER all officers			
Name as it appears on your government-Issued ID	on below for	un officers.			
2. Title/Position		3. Ownership %	, ,	4. Date of Birth ((MM/DD/YYYY)
5. Identification No. (Driver's License or Government	ID No.)		6. Soci	al Security Number	
7. Business or Residential Address		City		State	Zip Code
8. Mailing Address (If different than business or residen	itial address)	City		State	Zip Code
9. Phone Number	10. Email Addı	ress		1	
Consent			Е	nter [Emai	I / Telephone]
12.1	<i>(</i> , , , , , , , , , , , , , , , , , , ,			-	•
12. I consent to receive notifications					
email at the following email address					
13. I consent to receive notifications					
text messaging at the following telepho	one number				
"Notifications" include renewal notices ar					
will not be excluded from receiving notific	ations by reg	ular mail. You	consent by e	entering the info	ormation above.
		OFFICER			
The Registrar requires all of the information	on below for				
I. Name as it appears on your government-Issued ID					
2. Title/Position		3. Ownership %	5	4. Date of Birth ((MM/DD/YYYY)
2. Title/Position		3. Ownership %	5	4. Date of Birth ((MM/DD/YYYY)
Title/Position Identification No. (Driver's License or Government)	ID No.)	3. Ownership %		4. Date of Birth (,
	ID No.)	3. Ownership %			,
	ID No.)	3. Ownership %			,
5. Identification No. (Driver's License or Government	ID No.)			al Security Number	`
5. Identification No. (Driver's License or Government	,			al Security Number	`
Identification No. (Driver's License or Government Business or Residential Address	,	City		al Security Number	Zip Code
Identification No. (Driver's License or Government Business or Residential Address	,	City		al Security Number	Zip Code
Identification No. (Driver's License or Government Business or Residential Address Mailing Address (If different than business or residential Address)	itial address)	City		al Security Number	Zip Code
5. Identification No. (Driver's License or Government 7. Business or Residential Address 8. Mailing Address (If different than business or residen 9. Phone Number	itial address)	City	6. Soci	al Security Number State State	Zip Code Zip Code
5. Identification No. (Driver's License or Government 7. Business or Residential Address 8. Mailing Address (If different than business or residential Phone Number CONSENT	itial address)	City	6. Soci	al Security Number State State	Zip Code
5. Identification No. (Driver's License or Government 7. Business or Residential Address 8. Mailing Address (If different than business or resident of the Phone Number CONSENT 12. I consent to receive notifications	10. Email Addi	City City ress	6. Soci	al Security Number State State	Zip Code Zip Code
5. Identification No. (Driver's License or Government 7. Business or Residential Address 8. Mailing Address (If different than business or residential Phone Number CONSENT	10. Email Addi	City City ress	6. Soci	al Security Number State State	Zip Code Zip Code
5. Identification No. (Driver's License or Government 7. Business or Residential Address 8. Mailing Address (If different than business or resident of the Number) CONSENT 12. I consent to receive notifications email at the following email address	10. Email Addi	City City ress egistrar by	6. Soci	al Security Number State State	Zip Code Zip Code
5. Identification No. (Driver's License or Government 7. Business or Residential Address 8. Mailing Address (If different than business or resident of the Number) CONSENT 12. I consent to receive notifications email at the following email address of the following telephone of the process of the following telephone or the following telephon	from the R	City City ress egistrar by	6. Soci	al Security Number State State nter [Emai	Zip Code Zip Code I / Telephone]
5. Identification No. (Driver's License or Government 7. Business or Residential Address 8. Mailing Address (If different than business or resident of the Number) CONSENT 12. I consent to receive notifications email at the following email address	from the Rone number	City City ress egistrar by egistrar by	6. Soci	al Security Number State State nter [Emai	Zip Code Zip Code I / Telephone] cations via text or email, you

Form RC-L-200C Page 5 of 11 Rev. 1/25/2018

The Registrar requires all of the information	on below for	OFFICER all officers.					
Name as it appears on your government-Issued ID							
2. Title/Position		3. Ownership S	%		4. Date of Bir	rth (MM/DD/\	(YYY)
5. Identification No. (Driver's License or Government	D No.)			6. Socia	 al Security Numl	ber	
7. Business or Residential Address		City			State		Zip Code
8. Mailing Address (If different than business or residen	tial address)	City			State		Zip Code
9. Phone Number	10. Email Addr	ress					1
CONSENT				Eı	nter [Em	ail / Tel	ephone]
12. I consent to receive notifications email at the following email address	from the Re						
13. I consent to receive notifications text messaging at the following telepho							
"Notifications" include renewal notices ar will not be excluded from receiving notific	nd monthly n	ewsletters. By					
		OWNER					
The Registrar requires all of the informating the corporation. If a 25% owner's information. If there is insufficient room to with this application.	formation wa	each owner o	disclos	ed in F	Part 3, it is	not neces	sary to re-enter their
I. Name as it appears on your government-Issued ID							
2. Title/Position		3. Ownership	2/		4. Date of Bir	rth (MM/DD/)	(YYY)
2. Hadrosadon		J. Ownership			i. Date of Bil	u (,
5. Identification No. (Driver's License or Government	D No.)	1		6. Socia	I al Security Numl	ber	
7. Business or Residential Address		City		<u> </u>	State		Zip Code
Mailing Address (If different than business or residen	tial address)	City			State		Zip Code
9. Phone Number	10. Email Addr	ress					
Consent				Eı	nter [Em	ail / Tel	ephone]
12. I consent to receive notifications email at the following email address		egistrar by					
13. I consent to receive notifications text messaging at the following telepho	from the Re	egistrar by					
"Notifications" include renewal notices ar			conse	enting to	o receive no	tifications	via text or email. vou
will not be excluded from receiving notifice							

License Application (Corporation)
Page 6 of 11 Form RC-L-200C Rev. 1/25/2018

OWNER The Registrar requires all of the information below for each owner of at least 25% or more of the stock or beneficial interest in the corporation. If a 25% owner's information was previously disclosed in Part 3, it is not necessary to re-enter their information. If there is insufficient room to list every owner of at least 25%, print out, complete, and submit additional pages with this application. I. Name as it appears on your government-Issued ID						
2. Title/Position		3. Ownership 5	%	4. Date of E	Birth (MM/DD/YYYY)	
		or or meromp	•	5 4.0 0. 5	a. (#22/1111)	
5. Identification No. (Driver's License or Government	ID No.)		6. Sc	ocial Security Nu	mber	
7. Business or Residential Address		City		State	Zip Co	de
8. Mailing Address (If different than business or residen	ntial address)	City		State	Zip Co	de
9. Phone Number	10. Email Addr	ress				
CONSENT				Enter [En	nail / Telephon	e]
12. I consent to receive notifications email at the following email address						
13. I consent to receive notifications text messaging at the following telepho						
"Notifications" include renewal notices ar will not be excluded from receiving notifications	nd monthly n	ewsletters. By				or email, you
		DIRECTOR	2			
The Registrar requires all of the information previously disclosed in Part 3, it is not nec Director, print out, complete, and submit	essary to re-e	each Director enter their info	of the Corpormation. If			
Name as it appears on your government-Issued ID	,	<u> </u>	<u>, , </u>			
2. Title/Position		3. Ownership S	%	4. Date of E	Sirth (MM/DD/YYYY)	
5. Identification No. (Driver's License or Government	ID No.)		6. Sc	cial Security Nu	mber	
7. Business or Residential Address		City		State	Zip Co	de
8. Mailing Address (If different than business or residen	ntial address)	City		State	Zip Co	de
9. Phone Number	10. Email Addr	ress			I	
CONSENT				Enter [En	nail / Telephon	ie]
12. I consent to receive notifications email at the following email address	from the R	egistrar by				
13. I consent to receive notifications text messaging at the following telepho						
"Notifications" include renewal notices ar will not be excluded from receiving notifications	nd monthly n	ewsletters. By				or email, you

License Application (Corporation)Page 7 of 11 Form RC-L-200C Rev. 1/25/2018

		D			
The Registrar requires all of the information	tion helow t	DIRECTOR for each Director	of the C	orboration If	a Director's information was
The Registrar requires all of the information below for each Director of the Corporation. If a Director's information was previously disclosed in Part 3, it is not necessary to re-enter their information. If there is insufficient room to list every					
Director, print out, complete, and submit additional pages with this application.					
I. Name as it appears on your government-Issued ID					
2. Title/Position		3. Ownership %		4. Date of Birth	(MM/DD/YYYY)
5. Identification No. (Driver's License or Government IE) No)		6 Socie	al Security Number	
3. Identification 140. (Briver 3 Electise of Government is	J 140.)		0. 5001	ar security rearriber	
7. Business or Residential Address		City	l	State	Zip Code
8. Mailing Address (If different than business or residenti	ial address)	City		State	Zip Code
9. Phone Number	10. Email Addı	ress			<u> </u>
CONSENT			Eı	nter [Emai	il / Telephone]
12. I consent to receive notifications f	rom the R	ogistrar by		_	
email at the following email address					
13. I consent to receive notifications f					
text messaging at the following telephone	ne number				
"Notifications" include renewal notices and will not be excluded from receiving notifica					
will not be excluded from receiving notifica	dons by reg	ulai IIIali. 100 Col	iselit by e	ntening the inju	ormation above.
		DIRECTOR			
The Registrar requires all of the information					
previously disclosed in Part 3, it is not n Director, print out, complete, and submit a				i. If there is i	nsufficient room to list every
Name as it appears on your government-Issued ID	aditional pa	ges war ans app	incution.		
, , ,					
2. Title/Position		3. Ownership %		4. Date of Birth	(MM/DD/YYYY)
5. Identification No. (Driver's License or Government IE	No.)		6. Socia	al Security Number	•
7. Business or Residential Address		City		State	7in Codo
7. Business of Residential Address		City		State	Zip Code
8. Mailing Address (If different than business or residenti	ial address)	City		State	Zip Code
9. Phone Number	10. Email Addı	ress			1
CONSENT				ntok [Emai	il / Tolonhonol
CONSENT				nter [Emai	il / Telephone]
12. I consent to receive notifications f email at the following email address	rom the R	egistrar by			
13. I consent to receive notifications f	rom the R	egistrar by			
text messaging at the following telepho	ne number	,			
"Notifications" include renewal notices and					
will not be excluded from receiving notifica	tions by reg	ular mail. You coi	nsent by e	ntering the inf	ormation above.

License Application (Corporation) Page 8 of 11 Rev. 1/25/2018

PART 4: DISCLOSURES

WORKERS' COMPENSATION COMPLIANCE		
Under A.R.S. § 32-1122(B), to obtain or renew a license, an applicant must demonstrate		
compliance with the statutes or rules governing workers' compensation insurance. Failure to		
comply with these statutes or rules is a violation of A.R.S. § $32-1154(A)(4)$. Possible methods of		
compliance include:		
• Insurance Carrier: Obtaining Workers' Compensation with an insurance carrier		
authorized by the Director of Insurance to write workers' compensation insurance in		
this state; or		
• Self-Insured: Obtaining a "Resolution of Authorization" from the <u>Industrial</u>		
Commission of Arizona to act as a self-insurer for payment of Workers' Compensation		
benefits to employees; or		
• Exemption: Being exempt from the statutes or rules governing Workers'		
Compensation by being self-employed and not employing workers.	Circle	One
I. The Applicant is in compliance with the statutes or rules governing Workers'	Circie	One
'' '	(Yes)	(No)
Compensation insurance. Note: Supporting documentation is not required. PRIOR LICENSE INFORMATION	Circle	0
	Circie	One
2. Has the Qualifying Party ever been named on a license in any state? If 'yes' is selected,	()/ \	/NI \
the Qualifying Party must complete and attach a <u>Prior License Disclosure Form</u> with this	(Yes)	(NO)
аррlication.		
3. Has any individual listed in Part 3: Persons of this application ever been named on a	97. \	
license in any state? If 'yes' is selected, that individual must complete and attach a Prior	(Yes)	(No)
<u>License Disclosure Form</u> with this application.		
FELONY CHARGES		
Answering 'yes' does not automatically disqualify the Applicant from receiving a contractor's		
license.	Circle	One
4. Has the Qualifying Party listed in Part 2 ever been convicted of a felony? If 'yes' is		
selected, the Qualifying Party must complete and attach the <u>Felony Disclosure Form</u> with this	(Yes)	(No)
application.		
5. Does the Qualifying Party listed in Part 2 have a pending felony charge that has not		
yet received a disposition? If 'yes' is selected, the Qualifying Party must complete and attach	(Yes)	(No)
the <u>Felony Disclosure Form</u> with this application.	` ,	` ,
6. Has any individual listed in Part 3: Persons of this application ever been convicted of a		
felony? If 'yes' is selected, that individual must complete and attach the Felony Disclosure Form	(Yes)	(No)
with this application.	()	•
7. Does any individual listed in Part 3: Persons of this application have a pending felony		
charge that has not yet received a disposition? If 'yes' is selected, that individual must	(Yes)	(No)
complete and attach the <u>Felony Disclosure Form</u> with this application.	(= 00)	()
UNLICENSED ACTIVITY	Circle	One
8. Has the Qualifying Party listed in Part 2 ever received a citation for, or been	On ele	JC
convicted of, contracting without a license in any state? If 'yes' is selected, the Qualifying	(Yes)	(No)
	(163)	(140)
Party must complete and attach the <u>Unlicensed Activity Disclosure Form</u> with this application.		
9. Has any individual listed in Part 3: Persons of this application ever received a citation		
for, or been convicted of, contracting without a license in any state? If 'yes' is selected,	(Yes)	(No)
that individual must complete and attach the <u>Unlicensed Activity Disclosure Form</u> with this	` '	` '
application.		

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

PART 5: REQUIRED DOCUMENTS



Before you submit your application, please review the following checklist.

Missing documents will delay the processing of your application.

СT	ND)
OI	UF

leview the License Application and ensure that it contains the following:
Exam Results. The Qualifying Party's original exam results, or a Completed Waiver Form.
■ Background Checks. Copies of the payment transaction receipt from the <u>background check</u> for every individual named in <u>Part 3: Persons</u> and the Qualifying Party.
Papers for Legal Entity. A copy of the corporate articles, or equivalent operating agreement.
☐ Bond. Completed original <u>Bond Verification Form</u> .
Fees. The required application fee, licensing fee and for dual or residential licenses also include the recovery fund assessment
Government-Issued Identification. The Qualifying Party listed in Part 2 , and each individual named in Part 3 : Persons in this License Application must submit a legible copy of a government issued photo identification with the application. Acceptable forms of identification include a valid driver's license or passport.
☐ Signatures. Completed <u>Signatures</u> section (see next page).
SUPPLEMENTAL DOCUMENTS – Attach the following documents if necessary. ☐ Additional Part 2s: If there is insufficient space to enter all of the required information in Part 2 of this application, print out, complete, and attach additional Part 3s to your application. ☐ Additional Part 3s: If there is insufficient space to enter all of the required information in Part 3 of this application, print out, complete, and attach additional Part 3s to your application. ☐ Prior License Disclosure Forms. If 'yes' is selected for any of the Prior License Information
questions under Part 4, attach signed and completed Prior License Disclosure Form. Also include forms and documentation of disciplinary resolution, if applicable.
License Cancellation Form. If you currently have a license that you wish to cancel upon the issuance of a new license, complete and attach a <u>License Cancellation Form</u> .
Felony Disclosure Forms. If 'yes' is selected for any of the Felony Charges questions under, Part 4, attach signed and completed Felony Disclosure Forms and supporting documentation.
Unlicensed Activity Disclosure Forms. If 'yes' is selected for any of the Unlicensed Activity questions under Part 4, attach signed and completed Unlicensed Activity Disclosure Forms and documentation of remedial measures.
Letter Regarding Restricted License. To obtain a restricted license approval an Applicant must have prior written approval from the Registrar. The Applicant must submit the letter from the Registrar approving a "restricted license," if applying for a restricted license.
\square Solar Warranty. A copy of the solar warranty (if applying for a solar license)

PART 6: SIGNATURES

By signing below, each person certifies that the entire contents of this License Application Form, including all supplementary statements and materials attached, are true and correct, and that this application is not submitted with the intent to evade Chapter 10, Title 32 of the Arizona Revised Statutes. A.R.S. § 32-1154(A)(9). It is a violation of A.R.S. § 32-1154(A)(5) to make a misrepresentation of a material fact in obtaining a license.

Applicant The authorized representative listed in <u>Part 1: Applicant Information</u> must sign this application.		
Print Name	Signature	Date
Qualifying Party The Qualifying Party listed under Part 2: Qualifying Party must sign this application.		
Print Name	Signature	Date
Persons Every person listed under Part 3: Persons must sign this application. If you need additional space for signatures, complete and attach additional signature pages with your application.		
Print Name	Signature	Date

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