



ARIZONA REGISTRAR OF CONTRACTORS



1700 W. Washington St., Suite 105 • Phoenix AZ 85007-2812 • 602-542-1525 • AZ Toll Free 877-692-9762 • Fax 602-542-1599

Douglas A. Ducey, Governor

Jeff Fleetham, Director

APPLICATION TO REINSTATE CONTRACTOR LICENSE

A.R.S. § 32-1125.01 provides laws governing the inactivation of a contractor license. To resume contracting after a license has been made inactive, the licensee must submit an application to reinstate the license and pay the license renewal fee. The licensee is not required to re-take an exam to reinstate the license. A reinstatement application must be submitted 30 days prior to the expiration of the five year inactive period. If a license is not reinstated during the inactive period it will expire.

Instructions for Completing the Form:

1. **Company Name:** Provide the company name, which is the name that appears on the license and is the actual name under which the contracting business operates.
2. **License Number:** Provide the license number that is currently Inactive that you wish to reinstate to a current status.
3. **License Classification:** Provide the classification of the license.
4. **Federal Tax Identification Number (TIN):** Provide a valid Tax Identification Number (TIN).
5. **Criminal Background Check:** Check yes or no. If no, please complete the criminal background checks prior to submitting this form. Each person listed on the license must include a copy of his/her background check receipt with this form. The criminal background check is available at [Criminal Background Check](#). This background check must be submitted 4-60 days prior to submitting this form.
6. **Felony or a Misdemeanor Conviction or Charge:** Check yes or no. If yes, describe when, what the charge or conviction was, and the name of the court in the space provided. *(You are still required to answer 'YES' if a conviction has been vacated, pardoned, expunged, dismissed, appealed, listed as undesignated or otherwise reduced or your civil right have been restored.)*
7. **Workers' Compensation:** Check the field that indicates how the applicant will comply with the Workers' Compensation Act. Include with your application a copy of the Workers' Compensation policy, Resolution of Authorization, or an Affidavit of Self Employment. Arizona Revised Statute Title 23, Chapter 6 governs workers' compensation. If the qualifying party is NOT an owner, a partner, a member or manager of an LLC or an officer or director of a Corporation, he/she is an employee and workers' compensation insurance is required. More information on Workers' Compensation can be found by contacting the Industrial Commission of Arizona.
8. **Sign the Application:** An authorized signer and qualifying party must sign the application (an authorized signer is an owner of a sole proprietorship, a partner of a partnership, an officer of a corporation, or a member of a limited liability company).
9. **Mail the Application:** mail to P.O. Box 6748, Phoenix, AZ 85005-6748.



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Additional Information to Submit with Your Application:

- The appropriate fees (See chart below).
- A clear copy of a government issued ID for each person listed on the license.
- A license bond (surety bond, cash or alternative to cash) or a bond reinstatement.
Contractors that have Certificates of Deposit (CDs) on file in lieu of surety or cash bonds must provide the most recent bank statement from the issuing financial institution that the Certificate of Deposit (CD) is current and in good standing pursuant to A.R.S. §§ 32-1152(A) & A.R.S. 32-1152.01(A), or provide a cash or surety bond in substitute of the CD.
- An Ownership/Personnel Change Form for entities that have changed personnel since the original inactivation approval date.
- An Address Change Form for entities that have changed addresses since the original inactivation approval date.

NOTE: Any change of qualifying party, business entity, or company name requires separate applications and fees.

Classification Type	Current Reinstatement Fee License Fee + Recovery Fund *	Total	Effective July 1, 2014 License Fee + Recovery Fund *	Total
General Commercial	\$580	\$580	\$580	\$580
Specialty Commercial	\$490	\$490	\$480	\$480
General Residential	\$290 + 300 *	\$590	\$320 + 270 *	\$590
Specialty Residential	\$240 + 300 *	\$540	\$270 + 270 *	\$540
General Dual	\$860 + 300 *	\$1160	\$480 + 270 *	\$750
Specialty Dual	\$730 + 300 *	\$1030	\$380 + 270 *	\$650

*A.R.S. § 32-1152(C) requires residential and dual contractors provide an additional \$200,000 for consumer protection. This protection may be established by (a) furnishing a \$200,000 surety bond or cash deposit, or (b) paying the required assessment to participate in the Recovery Fund.

Reinstatement Form

Mail To:
Registrar of Contractors
P.O. Box 6748
Phoenix, AZ 85005-6748



Please type or print in black ink

1. Company Name	
2. License Number	3. License Classification
4. Federal Tax Identification Number (TIN)	

5. Has each person named on the license completed the criminal background check during the last 4-60 days? Yes No

6. Has any person listed on the license ever been convicted of a felony or misdemeanor, or currently have a felony charge pending? Yes No

If yes, provide the conviction date _____, charge _____, and court that issued the final sentence _____? (use additional paper if needed)

7. Check the box that indicates how the applicant will comply with the Arizona Workers' Compensation Act.

Insuring and keeping insured the payment of such compensation with an insurance carrier authorized by the director of insurance to write workers' compensation insurance in this state pursuant to A.R.S. § 23-961(A).

Having a "Resolution of Authorization" from the Industrial Commission of Arizona to act as a self-insurer for payment of Workers' Compensation benefits to its employees pursuant to A.R.S. §§ 23-961(A) & 23-961.01.

Being exempt from the statutes or rules governing Workers' Compensation by being self-employed and not employing workers.

I (We) request the above listed license be reinstated. I declare under penalty of perjury that all information provided with this application is true and accurate.

Signature of Authorized Signer

Printed Name of Authorized Signer

Signature of Qualifying Party

Printed Name of Qualifying Party

Official Use Only

2 years beginning in _____	@	\$ _____
Recovery Fund		\$ _____
Total Due		\$ _____
Paid		\$ _____
Refund Overpayment		\$ _____

	Date	Initials
Approved	_____	_____
Renew Thru	_____	_____
Update License File	_____	_____
Mailed ID Cards	_____	_____
Refund Requested	_____	_____

Self-Employment Affidavit

Mail To: Registrar of Contractors

P.O. Box 6748

Phoenix, AZ 85005-6748



AFFIDAVIT OF SELF EMPLOYMENT EXEMPTION UNDER THE WORKERS' COMPENSATION ACT

I, _____ (Printed Name), being first duly sworn upon oath deposes and states the following:

1. I am applying for a contractor's license for my company through the State of Arizona's Registrar of Contractors office.
2. I am aware that as a condition of licensure that my company must comply with the Workers' Compensation Act.
3. I am self-employed. Therefore I am not an employer subject to the provisions of A.R.S. § 23-902.
4. I do not currently and will not in the future employ workers regularly employed in my business or trade under a contract for hire.
5. I do not currently and will not in the future regularly employ workers for any portion of the year in my business or trade as an employer.
6. I do not currently and will not in the future procure work by an independent contractor over whose work I retain supervision or control, that is done in the regular course of my business or trade.
7. I may in my business use the services of an independent contractor to perform work done in the regular course of my business or trade. In the event that I use the services of an independent contractor, such use shall be evidenced by a written agreement that the business does not have the authority to supervise or control the actual work of the independent contractor and/or his/her employees. The written agreement will contain a disclosure statement that the independent contractor is not entitled to workers' compensation by the business and shall comply with all provisions of A.R.S. § 23-902(D). When independent contracting services other than professional services are retained, any independent contractors hired will either be licensed, or will not perform services that would require a contractor's license (see A.R.S. §32-1154(A)(10)).
8. I am aware that if at any time during the time of licensure that I and/or my company becomes an employer as defined by A.R.S. § 23-902, that it will immediately comply with all provisions of the Workers' Compensation Act.
9. I am aware that if I and/or my company becomes an employer as previously stated and I/it fails to comply with the Workers' Compensation provisions, that this is an immediate cause for discipline of the license.
10. I have authority on behalf of my company as its owner, partner, member, manager, managing member, officer or director to sign this affidavit.

Name of License Applicant (Business Name)

Printed Name

Signature

Date

Subscribed and sworn to me on the ____ day of _____, 20__.

Notary Public Printed Name

Notary Public Signature



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ADDRESS CHANGE

Return this (printed or typed) form with an **original signature** to the Phoenix office at **P.O. Box 6688, Phoenix, AZ 85005-6688**. After two weeks, verify your address has been received and recorded by checking your company at our web site <http://www.azroc.gov>.

A.R.S. § 32-1122. B. requires applicants provide the “address or location of the place of business” referred to in this form as the business address. A place of business address cannot be a P.O. Box, PMB or mailbox store address. A separate mailing address must also be listed if different from the place of business. Examples of mailing addresses include but are not limited to a P.O. Box, PMB or mailbox store address.

Note: You are responsible for maintaining a correct address with the agency. An incorrect mailing address of record could result in disciplinary action or even revocation of a license should you not receive legal notification of any agency action. This mailing address will become your official address of record and all Registrar of Contractors’ correspondence will be sent to your new mailing address.

Company Name: _____ **Date:** _____

License Numbers:

_____ # _____ # _____ # _____ # _____ # _____

Mailing Address

Old Mailing Address _____ City _____ State _____ ZIP _____

New Mailing Address _____ City _____ State _____ ZIP _____

Business Address

Old Business Address _____ City _____ State _____ ZIP _____

New Business Address _____ City _____ State _____ ZIP _____

Email Address, Phone Number and/or Fax Number

Old Email Address _____ Old Phone Number _____ Old Fax Number _____

New Email Address _____ New Phone Number _____ New Fax Number _____

By completing this Address Change form you acknowledge your understanding that this mailing address change applies to **all** licenses held by this company. You also acknowledge your understanding that all correspondence from the Registrar for any license held by your company will be sent to the Mailing Address provided.

X _____
Signature of Owner, Partner, Member or Corporate Officer Printed Name of Signer Title Date
(Employee QPs may not sign)

Faxed forms are not acceptable

Visit our website at: <https://roc.az.gov>

Ownership/Personnel Change

Mail To: Registrar of Contractors

P.O. Box 6688

Phoenix, AZ 85005-6688



OWNERSHIP/PERSONNEL CHANGE FORM INSTRUCTIONS

Faxed or emailed copies are not accepted.

Per [A.R.S. § 32-1122](#), a licensee shall advise the registrar of any change in ownership information within thirty days. If the applicant is a corporation, an association or any other organization, provide the names and addresses of the president, vice-president, if any, secretary and treasurer or the names and addresses of the functional equivalent of these officers, the directors and the owners of twenty-five per cent or more of the stock or beneficial interest.

1. **Company name:** The company name is the name that appears on the license and is the actual name under which the contracting business operates.
2. **Federal Tax Identification Number (TIN):** Provide a valid Tax Identification Number (TIN).
3. **License(s):** The license number(s) issued in which the company is updating the ownership, partners, officers, directors, members or managers. All licenses issued to the company must be listed.

Personnel: The personnel listed shall include the following:

- The Qualifying Party (QP).
 - If a partnership, all partners.
 - If a corporation, the president, vice-president, secretary, treasurer (or equivalent), all directors and all owners of 25% or more.
 - If a Limited Liability Company: all managers and all owners of 25% or more in a Manager-managed LLC; all members and owners of 25% or more in a Member-managed LLC.
 - If no one person owns 25% or more, provide an operating agreement that states who runs the day-to-day operations or submit a typed, signed, dated and notarized affidavit stating who runs the day-to-day operations for the LLC.
 - If ownership is held by another entity, write the full legal name of the business entity.
4. **Company name OR Name (First, Middle, Last):** If an entity other than an individual owns part of the company enter the full legal name of that entity. If it is an individual, the complete legal first, middle and last names are required. If the individual has no middle name, write "None." If the individual only has a middle initial, write "Only" after the initial.
 5. **Date of Birth:** A date of birth for each individual must be provided. A.R.S. § 32-1122 prohibits a minor from being an individual owner, partner, corporate officer, member or Qualifying Party on a contractor's license.
 6. **Driver's license or Government ID:** Write the state issuing the ID and the ID number. Typically the Government ID will be a government issued driver's license or a passport. Please submit a clear copy of the ID. *Example:* AZ/D12345678
 7. **SSN or TIN:** Pursuant to A.R.S. §§ 25-320, 25-518 and 25-519 the ROC must collect social security numbers. The ROC will not use social security numbers in an unauthorized manner. If ownership is held by a Limited Liability Company, Corporation, or Partnership, write the Tax Identification Number (TIN).
 8. **Residential Address:** Write the complete residential address, including city, state and zip code.
 9. **Add or Remove:** Indicate if this person or entity is being added or removed
 10. **Ownership percent:** Write the percent ownership. The ownership percent for all personnel must total 100%. Publicly traded companies must be noted.
 11. **Title or Position:** Write the title of the person.
 12. **Have you completed the criminal background check during the last 4-60 days?** Check yes or no. If no, please complete the criminal background check prior to submitting this form. The criminal background check is available at [Criminal Background Check](#). This background check must be submitted 4-60 days prior to submitting this form. Each person listed must include a copy of his/her background check receipt with this form.
 13. **Have you ever been convicted of a felony or a misdemeanor, or currently have a felony charge pending?** Check yes or no. If yes, describe when, what the charge or conviction was, and the name of the court in the space provided. (Use additional paper if needed).

Signature Requirements:

An Officer, Director, Member, Manager or Partner must sign the form. Original signatures are required.

Corporations and LLCs must provide evidence that the Arizona Corporation Commission has approved and registered the ownership/personnel change. Submit a photo copy of the approved amended articles with the Arizona Corporation Commission's date stamp or a current (within 7 days) printout from the Arizona Corporation Commission's website showing the file number, all personnel and the status of good standing.

Please make copies of this form to accommodate more personnel. ROC forms will only be accepted.

Ownership/Personnel Change

Mail To: Registrar of Contractors

P.O. Box 6688

Phoenix, AZ 85005-6688



1. Company Name:						Date
2. Federal Tax Identification Number (TIN)						
3. License(s):	ROC	ROC	ROC	ROC	ROC	ROC

Personnel

4. Company name if applicable						
4. First Name		Middle Name		Last Name and generation (if applicable)		
5. Date of Birth	6. Driver's license or Government ID State/Number (Please enclose a copy)			7. SSN or TIN		
8. Residential Street Address				City	State	Zip
9. Add	Remove	10. Ownership Percent	11. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer, Employee)			
4. Company name if applicable						
4. First Name		Middle Name		Last Name and generation (if applicable)		
5. Date of Birth	6. Driver's license or Government ID State/Number (Please enclose a copy)			7. SSN or TIN		
8. Residential Street Address				City	State	Zip
9. Add	Remove	10. Ownership Percent	11. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer, Employee)			
4. Company name if applicable						
4. First Name		Middle Name		Last Name and generation (if applicable)		
5. Date of Birth	6. Driver's license or Government ID State/Number (Please enclose a copy)			7. SSN or TIN		
8. Residential Street Address				City	State	Zip
9. Add	Remove	10. Ownership Percent	11. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer, Employee)			
4. Company name if applicable						
4. First Name		Middle Name		Last Name and generation (if applicable)		
5. Date of Birth	6. Driver's license or Government ID State/Number (Please enclose a copy)			7. SSN or TIN		
8. Residential Street Address				City	State	Zip
9. Add	Remove	10. Ownership Percent	11. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer, Employee)			

12. Has each person listed completed the [criminal background check](#) during the last 4-60 days? **Yes** **No**

13. Has any person listed on the license ever been convicted of a felony or a misdemeanor, or currently have a felony charge pending? **Yes** **No**

(Use additional paper if needed)

If yes, when _____ what charge _____ which court _____

You are still required to answer "YES" if a conviction has been vacated, pardoned, expunged, dismissed, appealed, listed as undesignated or otherwise reduced or your civil rights have been restored.

I declare, under penalty of perjury, that all information provided herein is true of my own knowledge. I further certify that all attached documents are true and accurate copies of the originals.

X

X

Signature of
Officer/Director/Member/Manager/Partner

Printed name of Signer

Signature of
Officer/Director/Member/Manager/Partner

Printed name of Signer