



State of Arizona

BOARD OF TECHNICAL REGISTRATION

1110 W. Washington • Suite 240 • Phoenix, Arizona 85007 • (602) 364-4930 • FAX: (602) 364-4931 • www.azbtr.gov

APPLICATION FOR REACTIVATION OF REGISTRATION

(If your registration has been inactive for more than five (5) years, you must take the applicable professional examination, pursuant to the provisions of A.R.S. § 32-127(H).)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. GENERAL INFORMATION

Name: Last _____ First _____ Middle _____

Date of Birth _____ Social Security # (Mandatory) _____

Residence Address _____

City, State, Zip/Postal Code _____ Tel.# _____

Business Name & Address _____

City, State, Zip/Postal Code _____ Tel.# _____

Email _____

In what profession are you applying for reactivation? _____

If *engineering* registration, please specify branch _____

Current Arizona registration/certification # _____ Engineering discipline _____

2. REGISTRATION

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) *and related official documentation*. Please refer to the "**Important Notice to Applicants**" in the Instructions.

1. Have you ever been refused any registration or certification in any state or jurisdiction? Yes No

2. Has any registration or certification of yours ever been suspended or revoked in any state or jurisdiction? Yes No

3. Have you ever been the subject of professional disciplinary action, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No

4. Have you ever been the subject of any type of action by a regulatory agency, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No

5. Have you ever been known by a name or names other than the one shown on this application? Yes No

If "yes," please state the name(s) _____

6. Have you ever been convicted of a misdemeanor other than a minor traffic violation? Yes No
(*"Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.*)

7. Have you ever been convicted of a felony? Yes No
(*"Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.*)

Applicant Name: _____

3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Issued by any state/jurisdiction)

PROFESSIONAL REGISTRATIONS/CERTIFICATIONS:

Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Lapsed

Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Lapsed

Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Lapsed

Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Lapsed _____

4. PENDING APPLICATIONS

Do you have a professional registration/certification application pending in any other state or jurisdiction? Yes No

If "yes," please list state/jurisdiction _____ Profession/Branch _____

Current Status of Application _____

5. NATIONAL CERTIFICATES OF QUALIFICATION

Do you hold a certificate of qualification in your field of application issued by a national bureau of registration or certification (NCEES, NCARB, CLARB)? Yes No

If "yes," please provide the following information, then skip to Certification / Release section:

Name & Address of Issuing Organization	Certificate Type	Issue Date	Status

Applicant Name: _____

6. PROFESSIONAL EXPERIENCE DURING INACTIVE PERIOD

The applicant's current and former employers during the five years immediately preceding the date of this application must verify all experience on the Certificate of Experience Record and Reference forms provided them. Experience must be gained in accordance with A.R.S. § 32-122.01. If experience was not gained under a registrant, provide your supervisor's resume along with the Certificate of Experience Record and Reference form. Pursuant to A.A.C. R4-30-201(B)(11), if you cannot supply the names and addresses of supervisors for at least three engagements, you must provide to the Board a written, sworn statement explaining the inability to provide this information.

List experience below starting with your current employer:

Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	
Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Applicant Name: _____

7. REFERENCES

If you are unable to provide the names and addresses of supervisors for at least three engagements, provide an explanation in the space below the table, and list the names and addresses here of three personal references unrelated to you, at least two of whom shall be registered or certified in the profession in which registration/certification is sought. Have your references verify your qualifications on the Certificate of Experience Record and Reference form.

Name	Address and Telephone Number	Position

8. CERTIFICATION / RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge.

I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature of Applicant_____
Date

**The original and a copy of this form must be submitted.
Two copies of all supporting documents must also be submitted.**

NOTICE

Knowingly making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.