



**State of Arizona**  
**BOARD OF TECHNICAL REGISTRATION**

1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007 (602)364-4930 FAX: (602)364-4931 <https://btr.az.gov/>

**ALARM BUSINESS CHANGE FORM**

**PLEASE TYPE OR PRINT LEGIBLY**

No Fee for changes to current Alarm Business certification.

Check each section box you are updating. If you are not updating a section please leave blank.

Alarm Business Certification # and Business Name are **required**.

**Alarm Business Certification #** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**1. Business Name Change**

New Business Name: \_\_\_\_\_

If the alarm business is a corporation, general or limited liability company or other legal entity, please provide a copy of the corporation, partnership or limited liability company formation documents to the Board so the Board can verify that the new business name matches the business name in the produced documents pursuant to ARS 32-122.05(B)(1).

**2. Business Address/Phone Change**

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Phone

Email \_\_\_\_\_

**3. Remove Alarm Agents from Alarm Business**

1. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

4. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

5. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

6. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

7. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

8. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

9. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

10. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

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#### 4. Add Alarm Agents to Alarm Business

1. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  2. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  3. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  4. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  5. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
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#### 5. Remove Controlling Persons from Alarm Business

1. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  2. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  3. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  4. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  5. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
- 

#### 6. Add Controlling Persons to Alarm Business

1. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  2. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  3. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  4. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
  5. Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_
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### CHANGE APPROVAL

Please have one current Controlling Person of the business sign below to approve the changes indicated on this form. If the current Controlling Person is the only Controlling Person and they are being removed and you are adding a new Controlling Person, please have the added Controlling Person sign to approve the changes indicated on this form.

\_\_\_\_\_  
Controlling Person's Name

\_\_\_\_\_  
AZ Reg. #

\_\_\_\_\_  
**REQUIRED** Signature of Controlling Person

\_\_\_\_\_  
Date