



State of Arizona
BOARD OF TECHNICAL REGISTRATION

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

ALARM AGENT RENEWAL FORM
 Three Year Renewal Fee \$195.00

All areas of this form must be completed or renewal will be returned and may result in penalty fees being added.

1. GENERAL INFORMATION

Mailing Address:	Residential Address
Name: _____	Name: _____
Primary Email: _____	Primary Email: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

Please Return This Renewal Form With Your Payment For:

Registration No: _____	Renewal Fee :	\$ 195.00
Current Expiration Date: _____	Penalty :	_____
Any renewal fee received after the expiration date shown will be subject to a penalty fee. The penalty fee is \$32.50 for the each year of delinquency.	Total Submitted :	_____

Attach a copy of the front and back of your clearance card issued by DPS.

2. BACKGROUND/DISCIPLINE

- Have you been the subject of professional disciplinary action, including license denial, since your last renewal, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? If you answered yes, you must attach a written explanation.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Have you been convicted of a criminal offense, including a misdemeanor such as a DUI, since your last renewal? Even if on appeal, you must disclose. If you answered yes, you must attach a written explanation.
 ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas **MUST** be reported)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Internal Use only:

Receipt Number: _____ Amount Paid: _____

Clearance Card Check Complete	
No Further Action Required	<input type="checkbox"/>
Further Information Required	<input type="checkbox"/>
Initials:	_____
Date:	_____

3. CURRENT ALARM BUSINESS EMPLOYMENT

Pursuant to A.R.S. 32-122.05(B)(2), "Each designated controlling person shall complete and sign all application forms required of an individual alarm agent applicant under this article."

Please complete ALL of the following:

Alarm Business Information:

Alarm Business Name: _____

Business Registration #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Name of Designated Controlling Person: _____

Controlling Person Signature

Certification Number of Controlling Person

Date Signed

4. CERTIFICATION/RELEASE

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

Making a false unsworn statement is a misdemeanor punishable by fine or imprisonment. A.R.S. § 13-2704.

Applicant's Signature: _____

Date: _____

Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulation to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to section s 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

ALARM AGENT RENEWAL CERTIFICATION CHECKLIST

Please ensure you have all items before submitting your application. If any items are missing, your application will be returned.

Completed renewal form, all questions answered, signed and dated.

One current 2-inch by 2-inch photograph.

No hats or head coverings (unless worn daily for religious purposes). No sunglasses. Clear lens glasses are acceptable if eyes are visible and there is no glare.

Copy of front and back of your clearance card issued by DPS.

A signed check in amount of \$195.00 made payable to the "Arizona Board of Technical Registration".