



**State of Arizona  
Board Of Technical Registration**

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

**Alarm Agent Renewal Form**

Renewal Fee \$130.00

Fingerprint Fee \$42.00

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

**Please complete the following:**

<b>Employer:</b>	<b>Home:</b>
Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
City,State,Zip: _____	City,State,Zip: _____
Phone: _____	Phone: _____

**Please Return This Renewal Form With Your Payment For:**

Registration No: _____	Renewal Fee : _____ \$ 130.00
Current Expiration Date: _____	Fingerprint Fee : _____ \$ 42.00
Any renewal fee received after the expiration date shown will be subject to a penalty fee. The penalty fee is \$21.68 during the first 12 months of delinquency.	Penalty : _____
	Total Submitted : _____ \$ 172.00

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.

- Have you ever been the subject of professional disciplinary action, including license denial or do you now have such action pending against you in any state or jurisdiction (including in Arizona)? Yes  No
- Have you ever been arrested for or convicted of a felony? ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.) Yes  No
- Have you ever been known by a name or names other than the one shown on this application? If "yes," please state the name(s) \_\_\_\_\_ Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Interoffice Use Only**

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_

## ALARM AGENT RENWEWAL CERTIFICATION CHECKLIST

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

Applicant Name: \_\_\_\_\_

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

\_\_\_\_\_ One current 2-inch by 2inch photograph.

\_\_\_\_\_ One (1) completed fingerprint card. (sealed in envelope)

\_\_\_\_\_ One (1) completed Fingerprint Verification form. (sealed in envelope)

\_\_\_\_\_ A signed check in amount of \$172.00 made payable to the "Arizona Board of Technical Registration".



**Attention Fingerprint Technician:**

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all of the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. Do not give the applicant the card without first sealing it inside the envelope.

PRINT the following information:

<b>Date:</b>	<b>Name of Applicant:</b>
<b>Name of Fingerprint Technician (PRINT):</b>	
<b>Fingerprint Technician's Agency/Company Name:</b>	
<b>Type of Photo ID provided (Check One):</b>	
<input type="checkbox"/> Driver's License/MVD Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify): _	