



**State of Arizona
Board Of Technical Registration**

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

Alarm Agent Renewal Form

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

Please complete the following:

BUSINESS:

Name: _____
Email: _____
Address: _____
City, State, Zip: _____
Phone: _____

HOME:

Name: _____
Email: _____
Address: _____
City, State, Zip: _____
Phone: _____

Please Return This Renewal Form With Your Payment For:

Registration No: _____
Current Expiration Date: _____
For the Period: _____ To: _____

Renewal Fee : _____
Fingerprint Fee : _____
Penalty : _____
Total Submitted : _____

Any renewal fee received after the expiration date shown will be subject to a penalty fee. The penalty fee is \$21.60 during the first 12 months of delinquency.

Questions to be completed by all registrants:

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*. **Since your last renewal:**

1. Have you been refused or denied any registration, certification, license or permit in any state or jurisdiction? Yes No
2. Has any registration, certification, license or permit of yours been cancelled, suspended or revoked in any state or jurisdiction? Yes No
3. Have you 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 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 been known by a name or names other than the one shown on this application? If "yes," please state the name(s) _____ Yes No
6. Have you been convicted of a misdemeanor other than a minor traffic violation? ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas **MUST** be reported.) Yes No
7. Have you been convicted of a felony? If "yes", you must have obtained and absolute Discharge from the court at least five years before submitting this application to the Board ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas **MUST** be reported.) Yes No

Interoffice Use Only

Receipt Number: _____ Amount Paid: _____ Date Received: _____

8. Have you been convicted of any of the following offenses?

("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.) If you answer "Yes" to any of the following you must include relevant court documents.

- | | | |
|--|------------------------------|-----------------------------|
| A. Theft | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Burglary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Robbery or Armed Robbery | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Criminal Trespass | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. Sexual Abuse of a Vulnerable Adult | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Homicide, including first or second degree murder
and negligent homicide | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Abuse of a Vulnerable Adult | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. Any offense involving the exploitation of a minor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I. Molestation of a child | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| J. Sexual Assault | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K. Kidnapping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| L. Fraud by persons authorized to provide goods or services | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| M. Distribution, manufacture, or sale of marijuana,
dangerous drugs or narcotic drugs if committed less than three
years before the date of applying for certification | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I certify the information contained in this application is 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.

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

Signature of Registrant

Date

ALARM AGENT RENEWAL CERTIFICATION CHECKLIST

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

- _____ Completed renewal form, all questions answered, signed and dated.
- _____ Two (2) current 2-inch by 2-inch photographs.
- _____ One (1) completed fingerprint card.
- _____ A signed check in amount of \$162.00 made payable to the "Arizona Board of Technical Registration."