



State of Arizona
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007, (602) 364-4930 Fax (602) 364-4931 • www.btr.az.gov

ALERT: IMPORTANT NOTICE FOR ALARM FIRM RENEWAL

As per the previous notices issued by the Arizona Board of Technical Registration, Controlling Persons must now be certified as individuals rather than as an employee of the firm, pursuant to A.R.S. § 32-122.05. All Controlling Persons must comply with the following requirements:

- Apply for and receive a clearance card issued by DPS. Refer to the Board's Website for instructions on applying for a clearance card.
- Complete the Controlling Person application posted on the Boards website revised August 9, 2017. Do not use the old controlling Person application with the May 9, 2017 revised date. The new applications will be posted on August 9, 2017.
- Submit the Controlling Person application with a copy of the front and back of the Clearance Card and all other required attachments. A Controlling Person application will not be accepted without the clearance card documentation.
- Alarm businesses shall not operate without at least one certified Controlling Person.
- The Board recognizes that Controlling Persons may need three to four weeks to obtain the clearance card. Controlling Persons may obtain applications from DPS beginning on August 9, 2017 by calling (602) 223-2279



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 BUSINESS CERTIFICATION APPLICATION

- NEW APPLICATION FEE \$150.00
RENEWAL APPLICATION \$150.00

PLEASE TYPE OR PRINT LEGIBLY IN INK
Please make checks payable to "Arizona Board of Technical Registration"

Business Name:
Business Registration Number (if applicable):
Address:
City, State, Zip/Postal Code:
Mailing Address:
City, State, Zip/Postal Code:
Business Telephone Number: Fax Number:
E-mail Address:

You may list one other business name (DBA) with the same ownership offering services in Arizona (A.R.S. § 32-122.05.A)
Any additional business names must have a separate registration with the Board:

Is this business a:

- Corporation General Partnership Limited Partnership
Limited Liability Company Any Other legal entity List:

Name of Corporation (exactly as shown on the organizational documents if applicable):

State and Date of Incorporation:

Must provide a copy of the corporation, partnership or limited liability company formation documents. (A.R.S. §32-122.05(B)(2))

1. Designated Controlling Person Information (To have full authority and act as principal)

Name: Last: First: Middle:
Date of Birth: Social Security # (Mandatory):
DPS Clearance Card #
Residence Address:
City, State, Zip/Postal Code: Tel.#:
Email(Personal): BTR Certification #:
Controlling Person Signature Date Signed

Internal Use only:

Receipt Number: Amount Paid:

Clearance Card Check Complete
No Further Action Required
Further Information Required
Initials:
Date:

2. List of Alarm Agents Employed by the Alarm Business

(Please use and submit additional sheets if necessary)

1. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

2. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

3. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

4. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

5. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

6. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

7. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

8. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

9. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

10. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

3. List of Additional Controlling Persons Employed by the Alarm Business

(Please use and submit additional sheets if necessary)

1. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
2. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
3. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
4. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
5. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
6. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
7. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
8. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
9. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____
10. Name: Last: _____ First: _____ Middle: _____
Certification Number: _____
Address: _____
City, State, Zip: _____

Pursuant to A.R.S § 32-122.05(B)(1), Must provide a list of names, residence address and D.O.B of each controlling person if a corporation, general or limited partnership, limited liability company or other legal entity.

ALARM BUSINESS CERTIFICATION APPLICATION CHECKLIST

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

Applicant Name: _____

Completed application, all questions answered, signed and dated.

A signed check in amount of \$150.00 made payable to the "Arizona Board of Technical Registration."

A copy of the corporation, partnership, or limited liability company formation documents.

List of names, residence addresses and date of births of each controlling person

List of names and addresses of the alarm agents who are employed by the alarm business.