State of Arizona
Board of Technical Registration
1110 W. Washington, Suite 240 Phoenix, Arizona 85007
(602) 364-4930 FAX: (602) 364-4931 www.btr.az.gov

Alarm Business Renewal Form

Alarm Business Renewal Fee $150.00

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

Business Name:_____

Business _____

Address:_____

City, State, Zip/Postal Code: _____

Mailing Address:_____

City, State, Zip/PostalCode: _____

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:_____

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

Name: Last: _____ First:_____ Middle:_____

Date of Birth:_____Social Security # (Mandatory):_____

Residence Address:_____

City, State, Zip/Postal Code:_____Tel.#:_____

Email (Personal):_____

MUST submit one current 2 inch by 2 inch photographs
MUST submit 1 completed fingerprint card

Internal Use only:
Receipt Number:_____Amount Paid:_____

Revised 10/20/2016

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 Controlling Person's 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.

Business Application Addendum: Controlling Person Controlling Person Fingerprint Fee $42.00

Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ Social Security # (Mandatory): _____

Residence Address: _____

City, State, Zip/Postal Code: _____ Tel.#: _____

Email (Personal): _____

MUST submit one current 2 inch by 2 inch photographs
MUST submit 1 completed fingerprint card

1. BACKGROUND/DISCIPLINARY

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.

1. Have you ever been refused any registration or certification in any state or jurisdiction? Yes ☐ No ☐
2. Has any registration or certification of yours ever been suspended or revoked in any state or jurisdiction? Yes ☐ No ☐
3. Have you ever 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 ever 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 ever been known by a name or names other than the one shown on this application? Yes ☐ No ☐

   _____
6. Have you been convicted of a misdemeanor other than a minor traffic violation? Yes ☐ No ☐
   ("Set aside" or "expunged" convictions and "no contest" or "nolo contendre" pleas MUST be reported.)
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 Yes ☐ No ☐
   ("Set aside" or "expunged" convictions and "no contest" or "nolo contendre" pleas MUST be reported.)

Is this person also an Alarm Agent? **Yes** ☐ **No** ☐
(If yes, please contact the Board at 602-364-4930 for additional information/forms)

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2. CERTIFICATION/RELEASE

I certify the information contained in this application to be 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.

_____ _____
Signature of Controlling Person Designated to have full authority and act as principal Date

_____
Printed name of Controlling Person

_____ _____
Business Name Business Registration Number

ALARM BUSINESS RENEWAL CHECKLIST

Please ensure you have all items before submitting your renewal.

If any items are missing, your renweal 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."

_____ If you are registered as a Controlling Person/Alarm Agent you will need to include an additional $130.00

_____ Check for $42.00 for each Controlling Person Addendum

_____ 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.

_____ One current 2-inch by 2-inch photographs for each Controlling Person.

_____One (1) completed fingerprint card for each Controlling Person.

_____ Signed Notice to Controlling Person's form

_____ Submit Controlling Person Addendum for each person listed on page 3

IMPORTANT NOTICE TO ALARM AGENTS AND ALARM BUSINESS (CONTROLLING PERSON) APPLICANTS

Please carefully read this document before signing and returning it with your application.

In answering questions 1 through 8 in **Section 2. Background/Disciplinary** on the application, please note the following:

- If you answer "yes" to <u>any</u> of the questions, you must provide a detailed written explanation regarding the facts and circumstances surrounding the incident and provide official documentation supporting your explanation (i.e., police reports, court records, Board disciplinary orders, Board complaint, Order of Denial of registration or license, etc.).
- You must answer "yes" to questions 6, 7 and 8 even if you pled "no contest" or "nolo contendere" to the felony or misdemeanor charges, and <u>even if</u> the conviction has been set aside or expunged - regardless of what you have been advised in the past.
- FBI criminal history information obtained as a result of fingerprinting often has arrest information but no disposition of charges listed (i.e., 'dismissed', 'convicted', etc.). If the official record received by the Board reflects an arrest, you will be required to provide official documentation obtained from the court regarding the disposition of the arrest, even if the charge was ultimately dismissed.

  The fingerprint cards submitted with your application will be used to check the Federal Bureau of Investigations (FBI) criminal history records to determine your suitability for certification.

  In the event you feel your criminal history record is inaccurate or incomplete, you will be afforded the opportunity to challenge the accuracy of the record and assure that the record is complete, pursuant to Title 28, Code of Federal Regulations (CFR), section 16.34.
- False or misleading answers regarding any information provided to the Board of Technical Registration as part of your request for registration or certification may result in denial of your application.

_____ _____

Applicant signature Date

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Fingerprint Verification Form

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:

Date:	**Name of Applicant:**
Name of Fingerprint Technician (PRINT):	
Fingerprint Technician's Agency/Company Name:	
Type of Photo ID provided (Check One): ___Driver's License/MVD Issued ID ___Passport ___Other (Please specify): _____	