



**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/Postal Code: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

List all business names (DBA) with the same ownership offering services in Arizona (A.R.S. § 32-122.05.A):

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

## 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?**

(If yes, please contact the Board at 602-364-4930 for additional information/forms)

Yes

No

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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 renewal 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 any 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 even if 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.

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Applicant signature

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Date



**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): _____	