



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 Fingerprint Submission 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/EMPLOYER:

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: _____

Fingerprint Fee : _____
 Total Submitted : _____

1. Have you been arrested or had any convictions in the past year? If yes please explain Yes No

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

Interoffice Use Only

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

ALARM AGENT ANNUAL FINGERPRINT SUBMISSION 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, signed and dated.

_____ One (1) completed fingerprint card.

_____ A signed check in amount of \$32.00 for finger print processing.