



APPLICATION FOR EXAM AUTHORIZATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FEE \$100.00

1. GENERAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # (mandatory) \_\_\_\_\_

Citizenship or Legal Residence \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Tel. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City, State, Zip: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Suite: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Tel. # \_\_\_\_\_

Email \_\_\_\_\_

Exam Type: \_\_\_\_\_

Engineer Branch (if applicable): \_\_\_\_\_

If you have been legally known by another name(s) list here with explanation and provide documentation:

\_\_\_\_\_

\_\_\_\_\_

2. BACKGROUND/DISCIPLINE

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 in accordance to A.A.C. R4-30-201.

Please refer to the ["Important Notice to Applicants"](#) in the Instructions.

1. 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

2. Have you been arrested for or convicted of a criminal offense, including a misdemeanor such as a DUI? Even if on appeal, you must disclose. ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas) Yes  No

Internal Use Only

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Criminal History Check Completed	
No Further Action Required	<input type="checkbox"/>
Further Information Required	<input type="checkbox"/>
Initials:	_____
Date:	_____

**3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS**

(Please provide verifications issued by each state/jurisdiction)

**EXAMS TAKEN:**

FA/FG/FE/FS State \_\_\_\_\_ Year \_\_\_\_\_

PG/PE/PS/SE State \_\_\_\_\_ Year \_\_\_\_\_

**PROFESSIONAL REGISTRATIONS/CERTIFICATIONS:**

Profession	State/ jurisdiction	Year Reg./Cert	Reg./Cert.#	How registered/certified (exam, education and experience, etc.)	Hrs. of Written exam	Active/ Canceled

**4. EDUCATION**

ALL EDUCATION RELEVANT TO THIS APPLICATION MUST BE VERIFIED BY CERTIFIED TRANSCRIPTS FORWARDED DIRECTLY FROM THE REGISTRAR'S OFFICE OF THE COLLEGE OR UNIVERSITY ATTENDED TO THE BOARD. Transcripts of non-degreed applicants other than seniors claiming educational credit must be forwarded and received, including an outline of the nature and extent of studies, prior to admission to examination (seniors should not have transcripts forwarded until a degree has been awarded).

Name and Location of Institution	Years: From-To	Date Graduated	Major/Minor	Type of Degree
	TO			
	TO			

**5. EXPERIENCE RELATED TO THE FIELD OF APPLICATION**

The applicant's current and former employers/supervisors must verify all experience on the Certificate of Experience Record and Reference forms provided them. Experience must be gained in accordance with A.R.S. § 32-122 and A.A.C. R4-30-201(A)(12). If experience was not gained under a registrant, provide your supervisor's resume along with the Certificate of Experience Record and Reference form. *If you cannot supply the names and addresses of supervisors for at least three engagements, you must provide to the Board a written, sworn statement explaining the inability to provide this information.*

List experience below starting with your current employer:

<b>Employment Dates:</b> From _____ To _____	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From _____ To _____	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From _____ To _____	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From _____ To _____	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

**6. REFERENCES**

If you are unable to provide the names and addresses of supervisors for at least three engagements, provide an explanation in the space below the table, and list the names and addresses here of three personal references in accordance with A.A.C. R4-30-201(A)(12) unrelated to you, at least two of whom shall be registered or certified in the profession in which registration/certification is sought. Have your references verify your qualifications on the Certificate of Experience Record and Reference form.

Name	Address and Telephone Number	Position

**7. CERTIFICATION / RELEASE**

I certify the information contained in this application to be 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.

The Board will verify your answers by searching public records databases. If the Board determines that any of your answers are incorrect you may become the subject of an investigation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTICE**

**Making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.**

Arizona Revised Statutes ("A.R.S.") 41-1030(B) states that "[a]n agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition."

A.R.S. 41-1030(D) states that "[t]his section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section."

A.R.S. 41-1030(E) states that "[a] state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy."

A.R.S. 41-1030(F) states that "[t]his section does not abrogate the immunity provided by section 12-820.01 or 12-820.02."