



STATE OF ARIZONA
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington St., Suite 240, Phoenix, Arizona 85007, (602) 364-4930 FAX: (602) 364-4931 www.btr.az.gov

Home Inspector Registration Reactivation Form

(If your registration has been inactive for more than 5 (5) years, you must take the applicable professional examination, pursuant to the provisions of A.R.S. § 32-127(R).)

Reactivation Application Fee: \$100

(Please make checks payable to "Arizona Board of Technical Registration")

1. GENERAL INFORMATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Name: Last _____ First _____ Middle _____
Date of Birth _____ Social Security # (Mandatory) _____
Residence Address _____
City, State, Zip/Postal Code _____ Tel.# _____
Email _____
Current Arizona certification # _____

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. Please refer to the "Important Notice to Applicants" in the Instructions.

- 1. Has any registration or certification of yours ever been suspended or revoked in any state or jurisdiction (including Arizona)? Yes [] No []
2. 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 []
3. Have you ever been convicted of a misdemeanor other than a minor traffic violation? DUI is not a minor traffic violation. ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.) Yes [] No []
4. Have you ever been convicted of a felony? ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.) Yes [] No []
5. Have you ever been named in a civil lawsuit? Yes [] No []

Internal Use only:

Receipt Number: _____ Amount Paid: _____

Criminal History Check Completed

No Further Action Required []

Further Information Required []

Initials: _____

Date: _____

Applicant Name: _____

3. PENDING APPLICATIONS

1. Do you have a professional certification application pending in any other state or jurisdiction? Yes No

If "yes," please list state/jurisdiction _____

Current Status of Application _____

2. Do you currently hold a Home Inspector Certification in any other state or jurisdiction? Yes No

If "yes," please list state/jurisdiction _____

Current Status of Application _____

4. 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.

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.**
