



State of Arizona
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington • Suite 240 • Phoenix, Arizona 85007 • (602) 364-4930 • FAX: (602) 364-4931 • <https://btr.az.gov>

APPLICATION FOR IN-TRAINING DESIGNATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FEE \$40.00

- Engineer in-training Land Surveyor in-training Assayer in-training
 Geologist in-training

1. GENERAL INFORMATION

Name: Last _____ First _____ Middle _____
 Date of Birth _____ Social Security # (mandatory) _____
 Citizenship or Legal Residence _____
 Residence Address _____
 City, State, Zip _____ Tel. # _____
 Business Name and Address _____
 City, State, Zip _____ Tel. # _____
 Email _____

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. Have you ever been refused or denied any registration or certification in any state or jurisdiction? 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 named in a civil lawsuit? Yes No
4. Have you ever been legally known by a name or names other than the one shown on this application? Yes No
 If "yes," please state the name(s) _____
5. Have you ever been convicted of a misdemeanor other than a minor traffic violation? Yes No
 ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas)
 *DUI is not a minor traffic violation
6. Have you ever been convicted of a felony? Yes No
 ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas)

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 any state/jurisdiction)

EXAMSTAKEN:

FG/FE/FS _____ State _____ Year _____

LARE _____ State _____ Year _____

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 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. 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:

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

Applicant Name _____

6. REFERENCES

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."