



**STATE OF ARIZONA
BOARD OF TECHNICAL REGISTRATION**

1110 W. Washington St., 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

Landscape Architect in-training

Assayer in-training

Geologist in-training

Land Surveyor in-training

Home Inspector 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 _____

Current Arizona registration/certification # (If applicable) _____ Engineering Discipline _____

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 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
If "yes," please state the name(s) _____
6. 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
7. Have you ever been convicted of a felony? Yes No

3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Please Provide Verifications Issued by any state/jurisdiction)

EXAMSTAKEN:

FG/FE/FS _____ State _____ Year _____

ARE/LARE _____ 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. EDUCATION ENDORSEMENT

(MUST BE CERTIFIED BY A DEAN OR FACULTY ADVISOR)

I, _____, hereby certify that the education information regarding this applicant and
(printed name)
 noted in Section 4 above, is true and correct to be best of my knowledge.

Signature _____ Title _____ Date _____

NOTE: Graduates may have transcripts forwarded in lieu of endorsement; however transcripts must be forwarded and received prior to admission to examination.

6. 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:	

7. 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 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

8. 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

**The original and a copy of this form must be submitted.
Two copies of all supporting documents must also be submitted.**

NOTICE

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