



**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>

Professional Renewal Form

All areas of this form must be completed or 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: _____
 Birth Date: _____

HOME:

Name: _____
 Email: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Soc. Sec.# : _____

(Birth Date and Social Security # is required even if provided to the Board with prior renewal)

Please Return This Renewal Form With Your Payment For:

Registration No: _____
 Category: _____
 Current Expiration Date: _____

Renewal Fee : _____
 Penalty: _____
 Total Submitted: _____

Any renewal fee received after the expiration date shown will be subject to a penalty fee. The penalty fee is \$37.50 during the first 12 months of delinquency.

Since your last renewal:

1. Have you been convicted of a felony or misdemeanor other than a minor traffic violation since your last renewal? If you answer yes, you must attach the official court documents. YES NO

NOTE: Alcohol and drug-related offenses that occur when driving or riding in an automobile (i.e., DUI, DWI, OWI, etc) are NOT considered minor traffic violations.

2. Have you been investigated and/or disciplined by any regulatory agency since your last renewal? YES NO

3. Do you have any pending investigation by any regulatory agency at this time? YES NO

For any questions answered yes, please provide written explanation and attach relevant documentation.

Making a false unsworn statement is a misdemeanor punishable by fine or imprisonment. A.R.S. 13-2704.

Signature: _____ Date: _____

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 investigation.

Internal Use only:

Receipt Number: _____ Amount Paid: _____

Revised 10/6/15

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