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 optional)

Please Return This Renewal Form With Your Payment For:

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

Renewal Fee : $ 225.00
Penalty : _____
Total Submitted : $ 225.00

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: _____

Criminal History Check Completed
No Further Action Required ☐
Further Information Required ☐
Initials:_____
Date:_____

Revised 10/6/15