



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

Professional Registration Reactivation Form

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

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 _____

In what profession are you applying for reactivation? _____

If *engineering* registration, please specify branch _____

Current Arizona registration/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.

Since going Inactive:

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.

Criminal History Check Completed

No Further Action Required ☐

Further Information Required ☐

Initials: _____

Date: _____

Internal Use only:

Receipt Number: _____ Amount Paid: _____

Applicant Name: _____

3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Issued by any state/jurisdiction)

PROFESSIONAL REGISTRATIONS/CERTIFICATIONS:

Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Cancelled
Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Cancelled
Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Cancelled
Profession _____ Jurisdiction _____ Reg. No. _____ Active/ Cancelled

4. PENDING APPLICATIONS

Do you have a professional registration/certification application pending in any other state or jurisdiction? Yes ☐ No ☐

If "yes," please list state/jurisdiction _____ Profession/Branch _____

Current Status of Application _____

5. NATIONAL CERTIFICATES OF QUALIFICATION

Do you hold a certificate of qualification in your field of application issued by a national bureau of registration or certification (NCEES, NCARB, CLARB)? Yes ☐ No ☐

If "yes," please provide the following information, then skip to Certification / Release section:

Name & Address of Issuing Organization	Certificate Type	Issue Date	Status

6. 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

Applicant Name: _____

7. PROFESSIONAL EXPERIENCE DURING INACTIVE PERIOD

The applicant's current and former employers during the five years immediately preceding the date of this application 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. § 32-122.01. If experience was not gained under a registrant, provide your supervisor's resume along with the Certificate of Experience Record and Reference form. *Pursuant to A.A.C. R4-30-201(A)(12), 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: _____

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

NOTICE

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