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Name: Last	First	Middle	
		Tel.#	
Current Arizona Registration/Ce	rtification #		
I understand that:			
 I cannot perform or practic 	e services in the State of Arizona w	hile in inactive status;	
 I will not have to pay renewa 	I fees while in this status;		
		eactivation application and payment of a reactive profession, either in another jurisdiction or in ar	
within the five years after	,	istered in and engaged in practice in another juri rofessionals pursuant to A.R.S. 32-127(H) and	isdiction
• If I am in Expired status, I	cannot place my license in <i>Inacti</i>	ve status;	
If I choose to reactivate there	e will be a \$100 application fee and,	if I meet qualifications, I will owe the current ren	ewal fee.
Signaturo:		Dato:	