



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>

**REGISTRATION BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS,
PROFESSIONAL ENGINEERS, GEOLOGISTS, LAND SURVEYORS, AND HOME INSPECTORS**

VERIFICATION OF EXAMINATION OR REGISTRATION

Please send verification to: _____

Section I – Applicant is to complete this section only and forward to verifying agency.

Last Name:	First Name:	MI:
Street Address:		
City:	State:	Zip:
Date of Birth:	Type of License:	
Email:	License Number:	

Section II – Verifying agency shall complete this section and return form to the AZ Board of Technical Registration.

A. The above-named individual was registered as a/an:

	License #	Date Issued	Expiration Date	Branches
<input type="checkbox"/>	In-Training -			
<input type="checkbox"/>	Architect -			
<input type="checkbox"/>	Professional Engineer -			
<input type="checkbox"/>	Geologist -			
<input type="checkbox"/>	Land Surveyor -			
<input type="checkbox"/>	Landscape Architect -			
<input type="checkbox"/>	Home Inspectors -			
<input type="checkbox"/>	Other -			

B. Examination Information:

	Exam Score (Pass/Fail)	Exam Date
<input type="checkbox"/>	FE/FS	
<input type="checkbox"/>	PE/LS	
Examination/Discipline:		
<input type="checkbox"/>	Structural	
<input type="checkbox"/>	FG	
<input type="checkbox"/>	PG	
ARE- Architect Exams		
LARE- Landscape Architecture Exams		
Home Inspector Exams		
State Specific		

1. ____ Accepted In-Training Exam (FE/FS/FG) from: _____
2. ____ Accepted Professional Exam (PE/PS/PG/ARE) from: _____

C. ____ By Education and Experience: Explain provisions for registration on reverse side.

D. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above-named individual? Yes ____ No ____ If yes, please give details on reverse side.

Completed by:	State:
Title:	Date:

(Board Seal)