



**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/>

ALARM AGENT RENEWAL FORM

Three Year Renewal Fee \$195.00

All areas of this form must be completed or renewal will be returned and may result in penalty fees being added.

1. GENERAL INFORMATION

Please complete ALL of the following:

Employer: _____	Home: _____
Name: _____	Name: _____
Business Registration #: _____	Email: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

Please Return This Renewal Form With Your Payment For:

Registration No: _____	Renewal Fee : _____ \$ 195.00
Current Expiration Date: _____	Penalty : _____
Any renewal fee received after the expiration date shown will be subject to a penalty fee. The penalty fee is \$32.50 for the each year of delinquency. Attach a copy of the front and back of your clearance card issued by DPS.	Total Submitted : _____

2. BACKGROUND/DISCIPLINE

1. Have you been the subject of professional disciplinary action, including license denial, since your last renewal, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No
2. Have you been convicted of a criminal offense, including a misdemeanor such as a DUI, since your last renewal? Even if on appeal, you must disclose. Yes No
("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported)

By signing this document, you affirm that you understand that if your employment with an alarm business is terminated, you are required to notify the Board within fifteen days after the termination per A.R.S. 32-122.06(F).

I certify the information contained in this application is accurate, true and complete to the best of my knowledge. **Making a false unsworn statement is a misdemeanor punishable by fine or imprisonment. A.R.S. 13-2704.**

Signature: _____ Date: _____

Internal Use only:
Receipt Number _____ Amount Paid: _____

Clearance Card Check Complete	
No Further Action Required	<input type="checkbox"/>
Further Information Required	<input type="checkbox"/>
Initials: _____	
Date: _____	

ALARM AGENT RENEWAL CERTIFICATION CHECKLIST

Please ensure you have all items before submitting your application. If any items are missing, your application will be returned.

Applicant Name: _____

Completed renewal form, all questions answered, signed and dated.

One current 2-inch by 2inch photograph.

No hats or head coverings (unless worn daily for religious purposes). No sunglasses. Clear lens glasses are acceptable if eyes are visible and there is no glare.

Copy of front and back of your clearance card issued by DPS.

A signed check in amount of \$195.00 made payable to the “Arizona Board of Technical Registration”.