



# State of Arizona BOARD OF TECHNICAL REGISTRATION

1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007, (602) 364-4930, Fax (602) 364-4931 • <https://btr.az.gov>

## ALARM BUSINESS CERTIFICATION APPLICATION

NEW APPLICATION FEE \$150.00       CHANGES ONLY     

PLEASE TYPE OR PRINT LEGIBLY IN INK

Please make checks payable to "Arizona Board of Technical Registration"

Business Name: \_\_\_\_\_

Business Registration Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip/Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip/Postal Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

You may list one other business name (DBA) with the same ownership offering services in Arizona (A.R.S. § 32-122.05.A)  
Any additional business names must have a separate registration with the Board:

\_\_\_\_\_

Is this business a:

Corporation                                      General Partnership                                      Limited Partnership  
Limited Liability Company                      Any Other legal entity                                      List: \_\_\_\_\_

Name of Corporation (exactly as shown on the organizational documents if applicable):

\_\_\_\_\_

State and Date of Incorporation: \_\_\_\_\_

**Must provide a copy of the corporation, partnership or limited liability company formation documents. (A.R.S. §32-122.05(B)(2))**

### 1. Designated Controlling Person Information (To have full authority and act as principal)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (Mandatory): \_\_\_\_\_

DPS Clearance Card # \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip/Postal Code: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Email(Personal): \_\_\_\_\_ BTR Certification #: \_\_\_\_\_

Controlling Person Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

#### Internal Use only:

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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

## 2. List of Alarm Agents Employed by the Alarm Business

(Please use and submit additional sheets if necessary)

1. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

2. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

3. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

4. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

5. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

6. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

7. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

8. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

9. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

10. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 3. List of Additional Controlling Persons Employed by the Alarm Business

(Please use and submit additional sheets if necessary)

1. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
2. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
3. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
4. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
5. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
6. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
7. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
8. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
9. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
10. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Pursuant to A.R.S § 32-122.05(B)(1), Must provide a list of names, residence address and D.O.B of each controlling person if a corporation, general or limited partnership, limited liability company or other legal entity.**

## ALARM BUSINESS CERTIFICATION APPLICATION CHECKLIST

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

Applicant Name: \_\_\_\_\_

Completed application, all questions answered, signed and dated.

A signed check in amount of \$150.00 made payable to the "Arizona Board of Technical Registration."

A copy of the corporation, partnership, or limited liability company formation documents.

List of names, residence addresses and date of births of each controlling person

List of names and addresses of the alarm agents who are employed by the alarm business.