



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: _____

Clearance Card Check Complete
No Further Action Required []
Further Information Required []
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.