



# 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>

## CONTROLLING PERSON 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:**

Alarm Business Address:

Controlling Person Residence Address:

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

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

Business Registration #: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please Return This Renewal Form With Your Payment For:**

Controlling Person Registration No: \_\_\_\_\_

Renewal Fee : \_\_\_\_\_ \$ 195.00

Controlling Person 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.

Total Submitted : \_\_\_\_\_

**Attach a copy of the front and back of your clearance card issued by DPS.**

### 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 arrested for or convicted of a criminal offense, including a misdemeanor such as a DUI, since your last renewal? Even if on appeal, you must disclose. ( <i>"Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported</i> ) | Yes | No |

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: \_\_\_\_\_

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

# CONTROLLING PERSON 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”.