



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/

PROFESSIONAL REGISTRATION REACTIVATION FORM

(If your registration has been inactive for more than five (5) years and you have not been actively engaged in your profession, you must take the applicable professional examination, pursuant to the provisions of A.R.S. § 32-127(H).)

Reactivation Application Fee: \$100

1. GENERAL INFORMATION

Name: Last First Middle

Date of Birth: Social Security # (mandatory)

Citizenship or Legal Residence:

Residence Address: Apt/Suite/Unit

City, State, Zip: Tel. #

Mailing Address:

Mailing City, State, Zip:

Business Name:

Business Address: Suite

City, State, Zip: Tel. #

Email:

If you have been legally known by another name(s) list here with explanation and provide documentation:

Current AZ Registration # Discipline: Architect Engineer Geologist
Land Surveyor Landscape Architect

2. BACKGROUND/DISCIPLINE

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) and related official documentation. The board will verify your answers by searching public records databases and if it learns that you answered any of the following questions incorrectly you may be denied access to take the exam and/or registration in Arizona

Please refer to the Important Notice to Applicants in the Instructions.

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

Internal Use Only

Receipt Number: Amount Paid:

Criminal History Check Completed
No Further Action Required
Further Information Required
Initials:
Date:

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

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### 3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Issued by any state/jurisdiction)

**PROFESSIONAL REGISTRATIONS/CERTIFICATIONS (*Attach Complete List*):**

Profession \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Reg. No. \_\_\_\_\_ Active/Cancelled  
Profession \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Reg. No. \_\_\_\_\_ Active/Cancelled  
Profession \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Reg. No. \_\_\_\_\_ Active/Cancelled  
Profession \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Reg. No. \_\_\_\_\_ Active/Cancelled

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**32.127(H)** - A registrant who holds an inactive certificate of registration may apply to the board to reactivate the certificate of registration. the board shall reactivate an inactive certificate of registration if the registrant submits a completed application on a form prescribed by the board and meets the qualifications for professional registration set forth in section 32-122.01. A registrant who seeks reactivation of the registrant's certificate of registration and who has not been engaged in the profession in which the registration seeks reactivation for the five years immediately preceding the date of the application for reactivation shall take the applicable professional examination.

**\*If you haven't been working in your field of expertise in the last 5 years you may be required to take the exam and provide a passing score to be eligible for reactivation.\***

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### 4. NATIONAL CERTIFICATES OF QUALIFICATION

Do you hold a certificate of qualification in your field of application issued by a national bureau of registration or certification (NCEES, NCARB, CLARB)? Yes  No

If "yes," please provide the following information, then skip to Certification / Release section:

Name & Address of Issuing Organization	Certificate Type	Issue Date	Status

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

**5. PROFESSIONAL EXPERIENCE DURING INACTIVE PERIOD**

The applicant's current and former employers during the five years immediately preceding the date of this application must verify all experience on the Certificate of Experience Record and Reference forms provided them. Experience must be gained in accordance with A.R.S. § 32-122.01. If experience was not gained under a registrant, provide your supervisor's resume along with the Certificate of Experience Record and Reference form. *Pursuant to A.A.C. R4-30-201(A)(12), if you cannot supply the names and addresses of supervisors for at least three engagements, you must provide to the Board a written, sworn statement explaining the inability to provide this information.*

List experience below starting with your current employer:

<b>Employment Dates:</b> From            To	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From            To	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From            To	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From            To	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From            To	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

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

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**6. REFERENCES**

If you are unable to provide the names and addresses of supervisors for at least three engagements, provide an explanation in the space below the table, and list the names and addresses here of three personal references unrelated to you, at least two of whom shall be registered or certified in the profession in which registration/certification is sought. Have your references verify your qualifications on the Certificate of Experience Record and Reference form.

Name	Address and Telephone Number	Position

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**7. CERTIFICATION / RELEASE**

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge.

I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.**