



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>

Professional Renewal Form

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

Please submit a check or money order made payable to the Arizona Board of Technical Registration with this form.
 If you are retired or plan to retire, please submit an Inactivation Form; you cannot use this form to change your status to Inactive.

Registrant's Name: _____

Birth Date: _____ Soc. Sec.#: _____ (Birth Date and Soc. Sec # are optional)

Residence: (use as Mailing Address) **Business:** (use as Mailing Address)

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Note: Your mailing address and business address will be viewable on the online Professional Registrant Search.

Please Return This Renewal Form With Your Payment For:

Registration No: _____	Renewal Fee : \$225.00
Profession: _____	Penalty: _____
Current Expiration Date: _____	Total Submitted: _____

**Any renewal fee received after the expiration date shown will be subject to a penalty fee.
 The penalty fee is \$37.50 during the first 12 months of delinquency.**

1. Have you been convicted of a felony or misdemeanor other than a minor traffic violation since your last renewal? If you answer yes, you must attach the official court documents. YES NO

NOTE: Alcohol and drug-related offenses that occur when driving or riding in an automobile (i.e., DUI, DWI, OWI, etc) are NOT considered minor traffic violations.

2. Have you been investigated and/or disciplined by any regulatory agency since your last renewal? YES NO
3. Do you have any pending investigation by any regulatory agency at this time? YES NO

For any questions answered yes, please provide written explanation and attach relevant documentation.

Making a false unsworn statement is a misdemeanor punishable by fine or imprisonment. A.R.S. 13-2704.

Signature: _____ Date: _____

**The Board will verify your answers by searching public records databases.
 If the Board determines that any of your answers are incorrect, you may become the subject of investigation.**

Internal Use only:

Receipt Number: _____ Amount Paid: _____

Criminal History Check Completed	
No Further Action Required	<input type="checkbox"/>
Further Information Required	<input type="checkbox"/>
Initials: _____	
Date: _____	