



STATE OF ARIZONA BOARD OF TECHNICAL REGISTRATION

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REGISTRANT REQUEST FORM

- Please print your name exactly as it should appear on the requested document
- A valid mailing address is required for a duplicate wall certificate / certification card /laminated pocket card
- A valid email address is required for an emailed pocket card
- Please submit a check or money order made payable to the Arizona Board of Technical Registration with this form.

NAME: _____

DATE: _____

REGISTRATION#: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PLEASE CHECK TYPE OF REQUEST:

DUPLICATE CERTIFICATE - \$10.00

DUPLICATE CERTIFICATION CARD (Alarm Industry Only)- \$10.00

EMAILED POCKET CARD - No Fee

LAMINATED POCKET CARD - \$10.00

(OPTIONAL) Please submit one current 2-inch by 2-inch passport quality 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

OTHER - Please specify

Internal Use Only

Computer Receipt #: _____

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