



**STATE OF ARIZONA
BOARD OF TECHNICAL REGISTRATION**

1110 W. Washington St., Suite 240, Phoenix, Arizona 85007, (602) 364-4930 FAX: (602) 364-4931 <https://btr.az.gov>

Registration/Certification Inactivation Form

Please complete the following:

Name: Last _____ First _____ Middle _____

Residence Address _____

City, State, Zip/Postal Code _____ Tel.# _____

Email _____

Current Arizona Registration/Certification # _____

Discipline: _____

I understand that:

- If I am in **Delinquent** or **Cancelled** status, I cannot place my registration/certification in **Inactive** status;
- I **cannot** practice, offer to practice, or advertise professional services in the State of Arizona while in **Inactive** status;
- I will not have to pay renewal fees while in **Inactive** status;
- I may request to return to **Active** status at any time by filling out a **Reactivation Application** and paying the appropriate **Reactivation Fee** (\$100.00 as of July 1, 2019);
- Upon receipt of my **Reactivation Application**, BTR Staff will determine if I qualify for reactivation;
- The Board shall require **re-examination** if I have not been **registered in and engaged in practice in another jurisdiction** anytime within the five (5) years immediately preceding the date I submitted my completed and signed **Reactivation Application**;
- After staff have affirmed that I qualify for reactivation, I will owe the current renewal fee of my profession and I will receive a new expiration date correlating with the date Staff reactivated my registration/certification.

Signature: _____

Date: _____