

Applicant - Do Not Write In This Space	
Date Reviewed	_____
Receipt No.	_____ Fee _____
Posted	_____
Qualified	_____
License No.	_____

APPLICATION TO REPLACE

QUALIFYING PARTY

REGISTRAR OF CONTRACTORS

800 W. WASHINGTON 6TH FLOOR
PHOENIX, ARIZONA 85007

NOTICE:
Falsification of any information
on this application is a felony
per A.R.S. §13-2407

\$100 Fee is payable to: Registrar of Contractors and must be enclosed with this application. When required, exam(s) must be passed before submitting this application. Complete the forms for Qualifying Party Experience record before submitting this application. Type or print in BLACK ink. A separate application is required for each license on which the qualifying party is being replaced.

NAME: _____
(Company Name)

CLASSIFICATION: _____ LICENSE NUMBER: _____
(License Classification and Title)

MAILING ADDRESS: _____ PHONE NO: _____
(Street/ P O Box)

(City/Town) (State) (Zip Code)

Name Of Person
Applying As
Qualifying Party: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: ____/____/____

Residential Address: _____
(Street) (City) (State) (Zip Code)

Qualifying Party is (Check One) Owner Partner Corporate Officer Member Employee

1. EXPERIENCE RECORD OF _____
(Name of Qualifying Party)

Experience records must be properly completed or your application will be rejected. Information reported is subject to verification by contact with previous employers. The license will not be issued until this verification is completed.

2. _____
Employer's Name

3. _____
Mailing Address

4. _____
(Area Code) Phone Number

5. Date of Employment: From: _____ / _____ To: _____ / _____ Total: _____ / _____
Mo. Year Mo. Year Mo. Year

6. Type of Business (such as air conditioning, home-building, masonry, etc.): _____

7. Supervisor's Name: _____

8. Average hours worked per week: _____ Number of people you supervised: _____

9. Check job positions you held for this employer and indicate length of time in each position:

JOB TITLE	AMT. OF TIME YEARS/MONTHS	JOB TITLE	AMT. OF TIME YEARS/MONTHS
_____ Laborer	_____ / _____	_____ Project Manager	_____ / _____
_____ Apprentice	_____ / _____	_____ Self-Employed	_____ / _____
_____ Journeyman	_____ / _____	_____ Licensed AZ Contractor	_____ / _____
_____ Foreman	_____ / _____	_____ Out of State Contractor	_____ / _____
_____ Superintendent	_____ / _____	_____ Other: _____	_____ / _____

10. Approximate number of projects or structures worked on for this employer: Residential _____ Commercial _____

11. Average size range of these projects in square footage, tonnage, voltage, miles or whatever applies to your field or work:

From: _____ To: _____
Small Large

12. Describe major duties you performed.

1. EXPERIENCE RECORD OF _____
(Name of Qualifying Party)

Experience records must be properly completed or your application will be rejected. Information reported is subject to verification by contact with previous employers. The license will not be issued until this verification is completed.

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