



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/>

## ALARM BUSINESS RENEWAL APPLICATION

**RENEWAL FEE \$150.00**

Three Year Renewal (Pursuant to A.R.S. § 32-122.05)

**PLEASE TYPE OR PRINT LEGIBLY**

**Business Registration #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

This is the current expiration date.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1. Current Designated Controlling Person Information (To have full authority and act as principal)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (Mandatory): \_\_\_\_\_

DPS Clearance Card # \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip/Postal Code: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Email(Personal): \_\_\_\_\_ BTR Certification #: \_\_\_\_\_

Controlling Person Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

#### **NOTICE**

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

Arizona Revised Statutes ("A.R.S.") 41-1030(B) states that "[a]n agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition."

A.R.S. 41-1030(D) states that "[t]his section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section."

A.R.S. 41-1030(E) states that "[a] state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy."

A.R.S. 41-1030(F) states that "[t]his section does not abrogate the immunity provided by section 12 820.01 or 12 820.02."

## 2. List of Alarm Agents Employed by the Alarm Business

(Please use and submit additional sheets if necessary)

1. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

2. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

3. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

4. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

5. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

6. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

7. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

8. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

9. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

10. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 3. List of Additional Controlling Persons Employed by the Alarm Business

(Please use and submit additional sheets if necessary)

1. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
2. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
3. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
4. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
5. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
6. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
7. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
8. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
9. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
10. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Pursuant to A.R.S § 32-122.05(B)(1), you must provide a list of names, residence address and D.O.B of each controlling person if a corporation, general or limited partnership, limited liability company or other legal entity.**

## **ALARM BUSINESS RENEWAL CHECKLIST**

**Please ensure you have all items before submitting your application.  
If any items are missing, your application will be returned**

Completed renewal, all questions answered, signed and dated.

A signed check in amount of \$150.00 made payable to the "Arizona Board of Technical Registration."

List of names, residence addresses and date of births of each controlling person.

List of names and addresses of the alarm agents who are employed by the alarm business.