



State of Arizona
BOARD OF TECHNICAL REGISTRATION

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

PROFESSIONAL REGISTRATION REACTIVATION FORM

Reactivation Application & Registration Activation Fee: \$325

1. GENERAL INFORMATION

Name: Last First Middle

Date of Birth: Social Security # (mandatory)

Citizenship or Legal Residence:

Residence Address: Apt/Suite/Unit

City, State, Zip: Tel. #

Mailing Address:

Mailing City, State, Zip:

Business Name:

Business Address: Suite

City, State, Zip: Tel. #

Email:

If you have been legally known by another name(s) list here with explanation and provide documentation:

Current AZ Registration # Discipline: Architect Engineer Geologist
Land Surveyor Landscape Architect

2. BACKGROUND/DISCIPLINE

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) and related official documentation. The board will verify your answers by searching public records databases and if it learns that you answered any of the following questions incorrectly you may be denied access to take the exam and/or registration in Arizona

Please refer to the Important Notice to Applicants in the Instructions.

- 1. Have you ever been the subject of professional disciplinary action, including license denial, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No
2. Have you ever been arrested for or convicted of a criminal offense, including a misdemeanor such as a DUI? Even if on appeal, you must disclose. ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported) Yes No

Internal Use Only

Receipt Number: Amount Paid:

Criminal History Check Completed
No Further Action Required
Further Information Required
Initials:
Date:

Applicant Name: _____

Per ARS 32-127(H), a registrant who seeks reactivation of the registrant's certificate of registration and who has not been engaged in the profession in which the registrant seeks reactivation for the five years immediately preceding the date of the application for reactivation shall take the applicable professional examination.

Has your license been inactive for more than 5 years? YES NO

If no, skip to section 4.

If yes, and you have been engaged in the profession in which you seek reactivation for the five years immediately preceding the date of the application for reactivation, proceed to section 3.

If yes, and you have not been engaged in the profession in which you seek reactivation for the five years immediately preceding the date of the application for reactivation, please contact licensing staff.

3. PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Issued by any state/jurisdiction)

PROFESSIONAL REGISTRATIONS/CERTIFICATIONS (*Attach Complete List*):

Profession _____	Jurisdiction _____	Reg. No. _____	Active/Cancelled
Profession _____	Jurisdiction _____	Reg. No. _____	Active/Cancelled
Profession _____	Jurisdiction _____	Reg. No. _____	Active/Cancelled
Profession _____	Jurisdiction _____	Reg. No. _____	Active/Cancelled

Please have at least one state/jurisdiction send the Board a verification verifying you have had an active license (a license in good standing) during the last five years immediately preceding the date of the application for reactivation. Board staff will put your application for reactivation on hold until such time that the verification is received.

4. CERTIFICATION / RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge.

I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature of Applicant

Date

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