



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/

Home Inspector Certification Reactivation Form

(If your registration has been inactive for more than five (5) years, you must take the applicable professional examination, pursuant to the provisions of A.R.S. § 32-127(J).)

Reactivation Application & Certification Reactivation Fee: \$175

(Please make checks payable to "Arizona Board of Technical Registration")

1. GENERAL INFORMATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Name: Last First Middle
Date of Birth Social Security # (Mandatory)
Residence Address
City, State, Zip/Postal Code Tel.#
Email
Current Arizona certification #

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: _____

3. PREVIOUS 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

4. PROFESSIONAL EXPERIENCE DURING INACTIVE PERIOD

List experience below starting with your current employer:

Employment Dates: From _____ To _____	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From _____ To _____	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

5. 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

NOTICE

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