

Application Forms for a New Contractor License

Thank you for your interest in a State of Arizona Contractor's License.

You can avoid unnecessary delay by correctly and fully completing your application. Using the checklist below and following the instructions, which are available as a separate link on the ROC website, will help you avoid the most common mistakes and find answers to frequently asked questions. Submitting an incomplete application may result in the application being returned to you.

The Licensing Process: What Should I Do First?

- 1) Check availability of and reserve the applicant name with the Registrar of Contractors (ROC) (see Section 1 of the instructions).
 - a) Once the applicant name is reserved with the ROC, verify the name's availability with the Arizona Corporation Commission (for Corporations and LLC's) or the Secretary of State (for Partnerships).
 - b) Form an entity with that name at the Arizona Corporation Commission or Secretary of State as applicable.
- 2) Take and pass appropriate Trade and Business Management exams.
 - a) In lieu of taking a trade test applicants may apply to waive the trade exam.
- 3) Obtain a Tax Identification Number (TIN) from the Internal Revenue Service (IRS).
- 4) Obtain a bond (see Section 2 of the instructions).
- 5) Complete the license application and all supporting documents and forms (see Section 1 of the instructions).
- 6) Review the Final Check List below to make sure everything is done.
- 7) Submit application with appropriate fees.

Final Check List

Ensure your application includes:

- ☐ Completed application forms with all required attachments
- ☐ AZ Corporate Articles, LLC agreement, Limited Partnership papers, or franchise agreement
- ☐ Proof of Workers' Compensation Insurance (or affidavit of self-employment exemption)
- ☐ Original bond with proper signatures and seals
- ☐ Original test scores
- ☐ Completed Experience & Project Forms
- ☐ Financial Statement (if applying for a commercial, dual, or swimming pool license)
- ☐ Solar warranty (if applying for a solar license or have the word 'solar' in your applicant name)
- ☐ Appropriate license fees
- ☐ Background checks printed receipts from applicants
- ☐ Copy of photo ID's

License Application

Mail To: Registrar of Contractors
P.O. Box 6748
Phoenix, AZ 85005-6748



For Internal Use Only

Pending # _____

Part 1: Applicant Information

1. Company Name or Sole Proprietor's Full Name		2. Fictitious Trade Name (i.e. DBA)	
3. Classification Requested (Classification / Description)		4. Federal Tax Identification Number (TIN)	
5. Business will operate as a Limited Liability Company Corporation Partnership Individual (File Number) # # #			
<i>Please include with your application a copy of the applicable business formation documents and latest annual filings (i.e. Articles of Organization, Articles of Incorporation, Annual Disclosure Statement, or Partnership Agreement).</i>			
6. Business Address (No PO Boxes or PMBs) Street Address		City	State Zip
7. Mailing Address (Address of Record) (may be a PMB or PO Box)		City	State Zip
8. Phone Number		9. Email	
10. I prefer to receive my license renewal notice by: Email Mail <i>If neither option is selected, and an email is provided, notice will be sent by email.</i>			
11. Workers' Compensation: Check the box that indicates how the applicant will comply with the Arizona Workers' Compensation Act.			
A. Insuring and keeping insured the payment of such compensation with an insurance carrier authorized by the Director of Insurance to write workers' compensation insurance in this state pursuant to A.R.S. § 23-961(A). <i>Please attach a copy of the certificate or insurance statement.</i>			
B. Having a "Resolution of Authorization" from the Industrial Commission of Arizona to act as a self-insurer for payment of Workers' Compensation benefits to its employees pursuant to A.R.S. §§ 23-961(A) & 23-961.01. <i>Please attach a copy of the certificate or insurance statement.</i>			
C. Being exempt from the statutes or rules governing Workers' Compensation by being self-employed and not employing workers. <i>Please attach the affidavit of self-employment.</i>			
By signing below, I certify under penalty of perjury that the business listed on this application complies with the Workers' Compensation Act requirement(s).			
Printed Name		Signature	Title

Part 2: Cancellation of Existing ROC License(s) Upon Issuance of New License

12. I hereby request the cancellation of the following license(s) upon issuance of this new license. Licenses will only be cancelled if signed by an owner, partner, member, manager, officer, or director of the licensed entity.			
ROC License #	License Name	ROC License #	License Name
Printed Name		Signature	Title

Part 3: Personnel Information (Qualifying Party)

13. Full Legal First Name		Full Legal Middle Name		Full Legal Last Name		Generation	
14. Date of Birth		15. Driver's License or Government ID State/Number (Please enclose a copy)			16. Social Security Number		
17. Residential Address		Street Address		City		State Zip	
18. Ownership Percent		19. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer, Employee)					
20. Have you ever received a citation or been convicted for contracting without a license?							YES NO
If yes, when _____ and where _____							
21. Have you been on a contractor's license in any state as a qualifying party, owner, partner, manager, member, officer, director or shareholder? <i>If necessary, use additional pages to indicate all previous licenses.</i>							YES NO
If yes, state _____ license status _____ license # _____							
license name _____ license classification _____							
22. Have any of the licenses listed in question 21 ever been suspended, revoked or otherwise disciplined? <i>If necessary, use additional pages to indicate all previous licenses.</i>							YES NO
If yes, which license(s) _____ what is/are the current license status(es) _____							
what was the cause of the discipline _____							
23. Have you ever been convicted of a felony, or currently have a felony charge pending? List all felony convictions. <i>Use additional paper if needed.</i>							YES NO
If yes, when _____ what charge _____ which court _____							
<i>You are still required to answer "YES" if a conviction has been vacated, pardoned, expunged, dismissed appealed, listed as undesignated or otherwise reduced, or your civil rights have been restored.</i>							
24. Are you, or any business of which you are an owner, currently delinquent in payment of any of the following: state or federal income taxes, payroll withholding, social security, unemployment or workers' compensation? <i>If yes, attach a detailed explanation and provide a payment schedule, if applicable and Certificate of Good Standing from the Arizona Department of Revenue.</i>							YES NO
25. I have completed a criminal background check at https://roc.az.gov within the last 4-60 days and have attached a copy of my background check receipt with this application.							YES
<p>I certify that I have reviewed the entire contents of this application and all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate. I understand that falsification of any information on this application is a violation of the Arizona Criminal Code in Arizona Revised Statutes, Title 13, Chapter 27. I understand that pursuant to A.R.S. §§ 32-1154(A)(5)(19) & 32-1122(D) providing false information is cause for denial of this application and cause for discipline of ROC licenses.</p> <p>I acknowledge that I am a Person named on this license for the purposes and duties of all Registrar statutes and rules, including, but not limited to, A.R.S. §§ 32-1122, 32-1139(B) & 32-1154. These purposes and duties include violations arising out of or relating to agreements that were entered into, monies received, or work performed while I am named on this license. I understand that because A.R.S. § 32-1155(A) establishes a two-year period for the filing of complaints, these purposes and duties continue for up to two years after I disassociate from this license.</p> <p>By Submission of this application, I consent to a criminal background investigation pursuant to A.R.S. § 32-1122(H).</p>							
Printed Name				Signature			Date

Part 4: Personnel Information (All Other Persons or Entities, Not Qualifying Party)

13. Full Legal First Name		Full Legal Middle Name		Full Legal Last Name		Generation	
13a. Company Name (if owner of this license is another business entity)							
14. Date of Birth		15. Driver's License or Government ID State/Number (Please enclose a copy)			16. Social Security Number (or TIN)		
17. Residential Address		Street Address		City		State Zip	
18. Ownership Percent		19. Title or Position (Member, Manager, Partner, Shareholder, Director, Officer)					
20. Have you ever received a citation or been convicted for contracting without a license?						YES	NO
If yes, when _____ and where _____							
21. Have you been on a contractor's license in any state as a qualifying party, owner, partner, manager, member, officer, director or shareholder? <i>If necessary, use additional pages to indicate all previous licenses.</i>						YES	NO
If yes, state _____ license status _____ license # _____							
license name _____ license classification _____							
22. Have any of the licenses listed in question 21 ever been suspended, revoked or otherwise disciplined? <i>If necessary, use additional pages to indicate all previous licenses.</i>						YES	NO
If yes, which license(s) _____ what is/are the current license status(es) _____							
what was the cause of the discipline _____							
23. Have you ever been convicted of a felony, or currently have a felony charge pending? List all felony convictions. <i>Use additional paper if needed.</i>						YES	NO
If yes, when _____ what charge _____ which court _____							
<i>You are still required to answer "YES" if a conviction has been vacated, pardoned, expunged, dismissed, appealed, listed as undesignedated or otherwise reduced or your civil rights have been restored.</i>							
24. Are you, or any business of which you are an owner, currently delinquent in payment of any of the following: state or federal income taxes, payroll withholding, social security, unemployment or workers' compensation? <i>If yes, attach a detailed explanation and provide a payment schedule, if applicable and Certificate of Good Standing from the Arizona Department of Revenue.</i>						YES	NO
25. I have completed a criminal background check at https://roc.az.gov within the last 4-60 days and have attached a copy of my background check receipt with this application.						YES	
I certify that I have reviewed the entire contents of this application and all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate. I understand that falsification of any information on this application is a violation of the Arizona Criminal Code in Arizona Revised Statutes, Title 13, Chapter 27. I understand that pursuant to A.R.S. §§ 32-1154(A)(5)(19) & 32-1122(D) providing false information is cause for denial of this application and cause for discipline of ROC licenses.							
I acknowledge that I am a Person named on this license for the purposes and duties of all Registrar statutes and rules, including, but not limited to, A.R.S. §§ 32-1122, 32-1139(B) & 32-1154. These purposes and duties include violations arising out of or relating to agreements that were entered into, monies received, or work performed while I am named on this license. I understand that because A.R.S. § 32-1155(A) establishes a two-year period for the filing of complaints, these purposes and duties continue for up to two years after I disassociate from this license.							
By Submission of this application, I consent to a criminal background investigation pursuant to A.R.S. § 32-1122(H).							
Printed Name				Signature			Date

Please complete and attach the Part 4: Personnel Information Forms for all people named on the license.

Self-Employment Affidavit



This form ***must*** be submitted with
a completed application

AFFIDAVIT OF SELF EMPLOYMENT EXEMPTION UNDER THE WORKERS' COMPENSATION ACT

I, _____ (Printed Name), being first duly sworn upon oath deposes and states the following:

1. I am applying for a contractor's license for my company through the State of Arizona's Registrar of Contractors office.
2. I am aware that as a condition of licensure that my company must comply with the Workers' Compensation Act.
3. I am self-employed. Therefore I am not an employer subject to the provisions of A.R.S. § 23-902.
4. I do not currently and will not in the future employ workers regularly employed in my business or trade under a contract for hire.
5. I do not currently and will not in the future regularly employ workers for any portion of the year in my business or trade as an employer.
6. I do not currently and will not in the future procure work by an independent contractor over whose work I retain supervision or control, that is done in the regular course of my business or trade.
7. I may in my business use the services of an independent contractor to perform work done in the regular course of my business or trade. In the event that I use the services of an independent contractor, such use shall be evidenced by a written agreement that the business does not have the authority to supervise or control the actual work of the independent contractor and/or his/her employees. The written agreement will contain a disclosure statement that the independent contractor is not entitled to workers' compensation by the business and shall comply with all provisions of A.R.S. § 23-902(D). When independent contracting services other than professional services are retained, any independent contractors hired will either be licensed, or will not perform services that would require a contractor's license (see A.R.S. §32-1154(A)(10)).
8. I am aware that if at any time during the time of licensure that I and/or my company becomes an employer as defined by A.R.S. § 23-902, that it will immediately comply with all provisions of the Workers' Compensation Act.
9. I am aware that if I and/or my company becomes an employer as previously stated and I/it fails to comply with the Workers' Compensation provisions, that this is an immediate cause for discipline of the license.
10. I have authority on behalf of my company as its owner, partner, member, manager, managing member, officer or director to sign this affidavit.

Name of License Applicant (Business Name)

Printed Name

Signature

Date

Subscribed and sworn to me on the ____ day of _____, 20____.

Notary Public Printed Name

Notary Public Signature

LICENSE BOND

THIS BOND MUST BE ON FILE WITH THE ARIZONA REGISTRAR OF CONTRACTORS

**STATE OF ARIZONA
REGISTRAR OF CONTRACTORS**

BOND NO: _____

That _____

as the principal, and _____

(Surety)

a corporation, duly authorized and licensed to transact surety business in the State of Arizona, are held and firmly bound unto the State of Arizona for the benefit of those persons described in A.R.S. §32-1152, as amended, in the penal sum set forth for the classification of license described:

LICENSE CLASSIFICATION	PENAL SUM
_____	_____
_____	_____
_____	_____
_____	_____

The Principal has applied to the Registrar of Contractors of the State of Arizona for a license to conduct the business of contracting under the above-described classifications and submits this bond to comply with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Liability under this bond is limited to the penal sum for each classification of work performed by the principal. Liability under each classification shall be determined strictly in accordance with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Upon making payment to a claimant against the bond, the Surety shall immediately give written notice to the Principal and the Registrar of Contractors of the date and amount of payment.

The amount of this bond is based on the representation of the Principal of the anticipated annual gross volume of work pursuant to Rule R4-9-112.

This bond becomes effective on _____ **day of** _____, **20** _____.

SIGNED, SEALED AND DATED _____ **day of** _____, **20** _____.

Signature of Contractor (Principal)

By:

Signature Attorney-In-Fact (Must be Notarized)

Title of Signer

By:

Print or Type Name of Attorney-In-Fact

Print or Type Name of Contractor (Principal)

Subscribed and sworn to before me this _____

day of _____, **20** _____.

Notary Public

My Commission Expires: _____

State of: _____

County of: _____

**THE ORIGINAL BOND MUST BE SIGNED BY THE
PRINCIPAL, ATTORNEY-IN-FACT AND THE
NOTARY PUBLIC AND BE FILED WITH THE
REGISTRAR OF CONTRACTORS AT:
1700 W. Washington St. Ste. 105, PHOENIX, AZ
85007-2812, TO COMPLY WITH A.R.S. § 32-1152
Mail to: P.O. Box 6688, Phoenix, AZ 85005-6688**



ARIZONA REGISTRAR OF CONTRACTORS



1700 W. Washington St., Suite 105 • Phoenix AZ 85007-2812 • 602-542-1525 • AZ Toll Free 877-692-9762 • Fax 602-542-1599

Douglas A Ducey, Governor

Jeff Fleetham, Director

PROJECT/EXPERIENCE VERIFICATION INSTRUCTIONS

A.R.S. § 32-1122(F) requires a qualifying party have a minimum number of years' experience with the type of construction performed by the license for which the applicant is applying. The registrar may waive the work experience documentation if the qualifying party is currently, or has previously been, a qualifying party for the applicable license classification within the preceding five years.

The ROC verifies experience by applicants submitting documentation of (a) project experience, and (b) employment experience.

General Information

- Providing proof of adequate experience ensures a timely review of the application. Inadequate project or experience verifications may result in the ROC being unable to confirm the required experience, and a delay of your license application until the required information is received.
- The qualifying party's portion of the verification forms should be completed prior to sending the forms to individuals providing verification.
- Forms should not be altered after the verification is completed. Modified forms may be rejected.
- The ROC may contact individuals verifying the experience.
- A separate form should be submitted for each project and for each person verifying experience. Additional forms are available on the ROC website at <https://roc.az.gov/forms>.
- Type or print legibly in black or blue ink.

Instructions

Refer to the License Classification Requirements for the number of projects and number of years' experience required for each license classification.

Project Verifications

- Complete and submit the number of Project Verification Forms required for the license classification being sought (please provide the new and/or maintenance projects noted).
- The projects submitted should span the number of years of the experience required for the license classification being sought.

Experience Verifications

- Complete and submit Experience Verification Forms spanning the number of years of the experience required for the license classification being sought.
- Provide proof of employment history (e.g. copies of W-2's, 1099s, etc.).
- Technical training, diplomas and/or certifications may be submitted to substantiate experience.

Project and Experience Verification Forms for applicants applying for General Contracting license classifications should demonstrate experience for the full scope of the license (including construction that the general contractor can perform or subcontract to a licensed specialty contractor).

Project Verification Form

This form **must** be submitted with a completed application



Part 1: Information to be Completed by the Qualifying Party

Qualifying Party's Name (Last, First, Middle)		Project Name	
Project Address		City	State Zip
Date Project Began	Date Project Ended	Project Size (e.g. building size, lot size)	Project Contract Price

Instructions for Person Providing Verification:

1. Complete the information requested below (including having your signature notarized).
2. Return this Project Verification Form to the qualifying party.

Part 2: Information to be Completed by Person Providing Verification

Verifier's Name (Last, First, Middle)			
Verifier's Mailing Address		City	State Zip
Verifier's Phone Number	Verifier's Email		Verifier's Fax
Verifier's Role for this Project			
<input type="checkbox"/>	Journeyman	<input type="checkbox"/>	Superintendent
<input type="checkbox"/>	Foreman	<input type="checkbox"/>	Property Owner
Contractor (list license # and classification)			
Other (please describe):			
Qualifying Party's Duties on this Project			
<i>I certify that I have direct knowledge of this qualifying party's work covering the time period outlined above. I certify that I have reviewed the entire contents of this verification form and the information provided is true and accurate. I understand that providing false information is a violation of the Arizona Criminal Code in Arizona Revised Statutes, Title 13, Chapter 27.</i>			
Printed Name		Signature	Date

Subscribed and sworn to me on the ____ day of _____, 20____ [Notary Seal]

Notary Public

Experience Verification Form



This form **must** be submitted with a completed application

Part 1: Information to be Completed by the Qualifying Party

Qualifying Party's Name (Last, First, Middle)		Business Name of Employer				
State Where Employer is Licensed		Employer's Contractor License Number		Employer's License Classification		
Employer's Mailing Address		City		State	Zip	
Date Employment Began		Date Employment Ended		Duration of Employment (Years / Months)		
				Average Hours Worked Each Week		
Verifying Person Was My		Positions Held by Qualifying Party With this Employer				
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Apprentice	Duration (Years / Months)	Projects #	Size of Projects (From / To)
<input type="checkbox"/>	Project Manager	<input type="checkbox"/>	Journeyman	Duration (Years / Months)	Projects #	Size of Projects (From / To)
<input type="checkbox"/>	Foreman / Supervisor	<input type="checkbox"/>	Foreman	Duration (Years / Months)	Projects #	Size of Projects (From / To)
<input type="checkbox"/>	Employee	<input type="checkbox"/>	Superintendent	Duration (Years / Months)	Projects #	Size of Projects (From / To)
<input type="checkbox"/>	Client / Customer	<input type="checkbox"/>	Project Manager	Duration (Years / Months)	Projects #	Size of Projects (From / To)
	Other (please describe):		Other (please describe):	Duration (Years / Months)	Projects #	Size of Projects (From / To)
Description of main duties:						

Instructions for Person Providing Verification:

1. Complete the information requested below (including having your signature notarized).
2. Return this Experience Verification Form to the qualifying party.

Part 2: Information to be Completed by Person Providing Verification

Verifier's Mailing Address		City		State	Zip
Verifier's Phone Number		Verifier's Email		Verifier's Fax	
<i>I certify that I have direct knowledge of this qualifying party's work covering the time period outlined above. I certify that I have reviewed the entire contents of this verification form and the information provided is true and accurate. I understand that providing false information is a violation of the Arizona Criminal Code in Arizona Revised Statutes, Title 13, Chapter 27.</i>					
Printed Name		Signature		Date	

Subscribed and sworn to me on the _____ day of _____, 20____ [Notary Seal]

Notary Public

Engineering Contracting

Required years of experience must be at Superintendent level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
A-	General Engineering	4	5 new 5 maintenance	4	B, T	
A-4	Drilling	4	5 new 5 maintenance	4	B, W	
A-5	Excavating, Grading and Oil Surfacing	4	5 new 5 maintenance	4	B	
A-7	Piers and Foundations	4	5 new 5 maintenance	4	B, T	
A-9	Swimming Pools	4	5 new 5 maintenance	4	B, T	
A-11	Steel and Aluminum Erection	4	5 new 5 maintenance	4	B, T	
A-12	Sewers, Drains and Pipe Laying	4	5 new 5 maintenance	4	B, T	
A-14	Asphalt Paving	4	5 new 5 maintenance	4	B	
A-15	Seal Coating	2	5 new 5 maintenance	2	B	
A-16	Waterworks	4	5 new 5 maintenance	4	B, T, W	
A-17	Electrical and Transmission Lines	4	5 new 5 maintenance	4	B, T	
A-19	Swimming Pools, Including Solar	4	5 new 5 maintenance	4	B, T, S	Yes

General Commercial Contracting

Required years of experience must be at Superintendent level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
B-1	General Commercial Contracting	4	5 new 5 maintenance (over \$250K)	4	B, T	
B-2	General Small Commercial Contracting	4	5 new 5 maintenance	4	B, T	

Specialty Commercial Contracting

Required years of experience must be at Journeyman level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
C-4	Boilers, Steamfitting and Process Piping	4	7 new 8 maintenance	4	B, T	
C-6	Swimming Pool Service and Repair	1	15 maintenance	1	B	
C-9	Concrete	4	7 new 8 maintenance	4	B, T	
C-11	Electrical	4	7 new 8 maintenance	4	B, T	
C-16	Fire Protection Systems	4	7 new 8 maintenance	4	B, T	
C-27	Lightweight Partitions	2	5 new 5 maintenance	2	B	
C-37	Plumbing	4	7 new 8 maintenance	4	B, T	
C-39	Air Conditioning and Refrigeration	4	7 new 8 maintenance	4	B, T	
C-49	Refrigeration	4	7 new 8 maintenance	4	B, T	
C-53	Water Well Drilling	2	5 new 5 maintenance	2	B, W	
C-58	Comfort Heating, Ventilating, Evaporative Cooling	2	5 new 5 maintenance	2	B, T	
C-74	Boilers, Steamfitting and Process Piping, Including Solar	4	10 new 5 solar	4	B, T, S	Yes
C-77	Plumbing Including Solar	4	10 new 5 solar	4	B, T, S	Yes

C-78	Solar Plumbing Liquid Systems Only	2	5 new 5 solar	2	B, T, S	Yes
C-79	Air Conditioning and Refrigeration, Including Solar	4	10 new 5 solar	4	B, T, S	Yes

General Residential Contracting

Required years of experience must be at Superintendent level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
B-	General Residential Contractor	4	5 new 5 maintenance	4	B, T	
B-3	General Remodeling and Repair Contractor	4	10 (over \$25K)	4	B, T	
B-4	General Residential Engineering Contractor	4	5 new 5 maintenance	4	B, T	
B-5	General Swimming Pool Contractor	4	25 new pools	4	B, T	
B-6	General Swimming Pool Contractor, Including Solar	4	25 new pools 5 solar	4	B, T, S	Yes
B-10	Pre-Manufactured Spas and Hot Tubs	2	5 new 5 maintenance	2	B	

Specialty Residential Contracting

Required years of experience must be at Journeyman level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
R-2	Excavating, Grading and Oil Surfacing	2	7 new 8 maintenance	2	B	
R-4	Boilers, Including Solar	4	10 new 5 solar	4	B, T, S	Yes
R-4R	Boilers	4	7 new 8 maintenance	4	B, T	
R-6	Swimming Pool Service and Repair	1	15 maintenance	1	B	
R-9	Concrete	4	7 new 8 maintenance	4	B, T	
R-11	Electrical	4	7 new 8 maintenance	4	B, T	
R-13	Asphalt Paving	4	5 new 5 maintenance	4	B	
R-16	Fire Protection	4	7 new 8 maintenance	4	B, T	
R-17	Structural Steel and Aluminum	4	5 new 5 maintenance	4	B, T	
R-22	House Moving	4	15	4	B	
R-37	Plumbing, Including Solar	4	10 new 5 solar	4	B, T, S	Yes
R-37R	Plumbing	4	7 new 8 maintenance	4	B, T	
R-39	Air Conditioning and Refrigeration, Including Solar	4	10 new 5 solar	4	B, T, S	Yes
R-39R	Air Conditioning and Refrigeration	4	7 new 8 maintenance	4	B, T	
R-53	Drilling	2	5 new 5 maintenance	2	B, W	
R-62	Minor Home Improvements	0	0	0	B	

General Dual Engineering Contracting

Required years of experience must be at Superintendent level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
KA-	Dual Engineering	4	5 new 5 maintenance	4	B, T	
KA-5	Dual Swimming Pool Contractor	4	25 new	4	B, T	
KA-6	Dual Swimming Pool Contractor Including Solar	4	25 new pools 5 solar	4	B, T, S	Yes

General Dual License Contracting

Required years of experience must be at Superintendent level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
KB-1	Dual Building Contractor	4	5 new 5 maintenance (over \$250K)	4	B, T	
KB-2	Dual Residential and Small Commercial	4	5 new 5 maintenance	4	B, T	

Specialty Dual License Contracting

Required years of experience must be at Journeyman level or above.

Classification and Description		Minimum Years of Experience	Verified Number of Projects	Years of W-2s	Exam(s)	Solar Warranty Required
CR-1	Acoustical Systems	2	5 new 5 maintenance	2	B	
CR-2	Excavating, Grading and Oil Surfacing	3	7 new 8 maintenance	3	B	
CR-3	Awnings, Canopies, Carports and Patio Covers	2	5 new 5 maintenance	2	B	
CR-4	Boilers, Steamfitting and Process Piping	4	7 new 8 maintenance	4	B, T	
CR-6	Swimming Pool Service and Repair	1	15 maintenance	1	B	
CR-7	Carpentry	4	7 new 8 maintenance	4	B, T	
CR-8	Floor Covering	2	5 new 5 maintenance	2	B, T	
CR-9	Concrete	4	7 new 8 maintenance	4	B, T	
CR-10	Drywall	2	5 new 5 maintenance	2	B	
CR-11	Electrical	4	7 new 8 maintenance	4	B, T	
CR-12	Elevators	4	7 new 8 maintenance	4	B, T	
CR-14	Fencing	3	7 new 8 maintenance	3	B	
CR-15	Blasting	4	5 new 5 maintenance	4	B, T	
CR-16	Fire Protection Systems	4	7 new 8 maintenance	4	B, T	
CR-17	Steel and Aluminum Erection	4	5 new 5 maintenance	4	B, T	
CR-21	Landscaping and Irrigation Systems	4	5 new 5 maintenance	4	B, T	
CR-24	Ornamental Metals	2	5 new 5 maintenance	2	B	
CR-29	Machinery (As restricted by Registrar)	2	5 new 5 maintenance	2	B	
CR-31	Masonry	4	7 new 8 maintenance	4	B, T	
CR-34	Painting and Wall Covering	2	5 new 5 maintenance	2	B, T	
CR-36	Plastering	3	7 new 8 maintenance	3	B	
CR-37	Plumbing	4	7 new 8 maintenance	4	B, T	
CR-38	Signs	3	7 new 8 maintenance	3	B	
CR-39	Air Conditioning, Refrigeration and Heating	4	7 new 8 maintenance	4	B, T	
CR-40	Insulation	2	5 new 5 maintenance	2	B	
CR-41	Septic Tanks and Systems	3	7 new 8 maintenance	3	B, T	
CR-42	Roofing	4	7 new 8 maintenance	4	B, T	
CR-45	Sheet Metal	2	5 new 5 maintenance	2	B	
CR-48	Ceramic, Plastic and Metal Tile	3	7 new 8 maintenance	3	B, T	

CR-53	Water Well Drilling	2	5 new 5 maintenance	2	B, W	
CR-54	Water Conditioning Equipment	2	5 new 5 maintenance	2	B	
CR-56	Welding	2	5 new 5 maintenance	2	B	
CR-57	Wrecking	3	7 new 8 maintenance	3	B	
CR-58	Comfort Heating, Ventilating, Evaporative Cooling	2	5 new 5 maintenance	2	B, T	
CR-60	Finish Carpentry	2	5 new 5 maintenance	2	B	
CR-61	Carpentry, Remodeling and Repairs	4	15 maintenance	4	B, T	
CR-62	Reinforcing Bar and Wire Mesh	4	7 new 8 maintenance	4	B, T	
CR-63	Appliances	2	5 new 5 maintenance	2	B	
CR-65	Glazing	3	7 new 8 maintenance	3	B, T	
CR-66	Seal Coating	2	7 new 8 maintenance	2	B	
CR-67	Low Voltage Communication Systems	2	5 new 5 maintenance	2	B, T	
CR-69	Asphalt Paving	4	5 new 5 maintenance	4	B	
CR-74	Boilers, Steamfitting and Process Piping, including Solar	4	10 new 5 solar	4	B, T, S	Yes
CR-77	Plumbing including Solar	4	10 new 5 solar	4	B, T, S	Yes
CR-78	Solar Plumbing Liquid Systems Only	2	5 new (solar) 5 maintenance (solar)	2	B, T, S	Yes
CR-79	Air Conditioning and Refrigeration including Solar	4	10 new 5 solar	4	B, T, S	Yes
CR-80	Sewers, Drains and Pipe Laying	4	5 new 5 maintenance	4	B, T	

Section 4: Examination Requirements

Examinations are determined by the license classification for which the applicant is applying. Exams must be completed by the person who will act as the Qualifying Party as defined in A.R.S. § 32-1127 and taken not more than two (2) years before submitting the application.

The ROC has contracted with PSI to conduct its examination program. Please refer to the PSI website to check for the most updated testing information at www.psiexams.com. You may also contact PSI by phone at (800)-733-9267.

Refer to the License Classification Requirements table (shown in the experience section) for the number examination requirements for each license classification.

Exam Key

B	Business Management Exam
T	Trade Exam
S	Solar Exam
W	Arizona Department of Water Resources Trade Exam

If you meet the following criteria you may be able to waive the trade exam.

1. The applicant/qualifier shall have taken and passed an equivalent trade exam that led to the approval of a contractor's license.
2. The exam content and the license classification must be equivalent to the Arizona exam and license for which the exam waiver is being requested.
3. The contractor's license must have been active and in good standing within the preceding five years.

For more information see the Application to Waive a Trade Exam form on the ROC website <https://roc.az.gov/forms>.



ARIZONA REGISTRAR OF CONTRACTORS



1700 W. Washington St., Suite 105 • Phoenix AZ 85007-2812 • 602-542-1525 • AZ Toll Free 877-692-9762 • Fax 602-542-1599

Douglas A. Ducey, Governor

Jeff Fleetham, Director

APPLICATION TO WAIVE A TRADE EXAM

Instructions:

Passing a trade exam is one of the requirements necessary to be approved for a contractor's license. A trade exam helps the ROC assess whether an applicant has the knowledge required to perform the type of work authorized by a license. However, pursuant to R4-9-106(D) the Registrar may decide to waive the trade exam requirement under specific circumstances.

R4-9-106(D): "...the Registrar may decide a trade exam is not required where the qualifying party has been the qualifying party within the preceding five years for a license in good standing in the same classification in this state, or a classification the Registrar deems comparable in another state."

To be eligible to waive the trade exam:

- The applicant/qualifier shall have taken and passed an equivalent trade exam that led to the approval of a contractor's license.
- The contractor's license must have been active and in good standing within the preceding five years.
- The exam content and the license classification must be equivalent to the Arizona exam and license for which the exam waiver is being requested.

** The Business Management exam cannot be waived because it has reference to Arizona specific statutes and rules.*

*** The ROC cannot waive the Arizona Department of Water Resources Trade Examination required for the A-4, A-16, C-53, R-53 and CR-53 license classifications.*

To request waiver of the trade exam each of the following must be submitted with the application:

- A description of the scope of license classification from the jurisdiction where the trade exam was taken.
- Proof of the passing tests results.
 - If you can't obtain proof of the passing test results, you may substitute a completed Trade Exam Verification Form.
- A description of the exam content from the exam provider.
- Proof of the license status and history from the other jurisdiction (e.g. state, county, city).
- Sign and date the application (must be signed by the qualifying party seeking the waiver).

Waiver of Trade Examination Form



This form ***must*** be submitted with a completed application

Please type or print in black ink	
Name on License Application	License Classification Being Applied For
Total Number of Years Licensed	License Classification in Other State
<i>Pursuant to Rule 4-9-106, I request the ROC waive the trade exam for the accompanying license application. I certify that I meet the eligibility requirements established in this rule. I also certify that I am providing with this application the information required to review this request, as listed in the instructions. I understand that waiver of the trade exam does not waive review of my experience nor does it guarantee approval of the license application.</i>	
Printed Name	Title
Signature	Date

Departmental Use Only

State of Waiver of Trade Examination: _____

Approved Date: _____

Approved By: _____

Trade Exam Verification Form

This form **must** be submitted with a completed application



Instructions for the Applicant:

1. Complete the information requested below.
2. Send this verification form to the state that will verify your license and exam history.
3. Do not alter the verification form returned from the verifying state.
4. Enclose with your license application the verification form filled out by the verifying state.

Information to be Completed by Applicant			
Name of Applicant		Applying for Arizona License Classification	
Street Address	City	State	Zip
Name of Qualifying Individual (Last, First, Middle)		Social Security Number of Qualifying Individual	
State Providing Verification	License Number from Verifying State	License Classification from Verifying State	
Signature of Applicant		Date	

Instructions for the Verifying State:

1. Complete the information requested below.
2. Stamp this document with a raised state seal in the area provided.
3. Mail this verification form to the applicant's address (provided by the applicant above).

Information to be Completed by Verifying State		
Name of Board or Agency		Name of Person Providing Verification
Current License Status	Disciplinary History (if any)	
Date this Qualifying Individual was First Licensed on this License	Number of Years' Experience Verified by the Board	
Exam or Exams Taken (name and date of passing exam)		
Signature	Title	Date
		State Seal

Financial Statement

This form must be submitted
with a completed application



**Do not use commas or minus
signs in the fields below.
Decimal points are allowed.**

Assets

- | | |
|--|----------|
| 1. Cash | \$ _____ |
| 2. Accounts receivable | \$ _____ |
| 3. Real estate (market value) | \$ _____ |
| 4. Investments e.g. stocks, bonds (market value) | \$ _____ |
| 5. Inventory e.g. materials for projects | \$ _____ |
| 6. Equipment (book value) | \$ _____ |
| 7. Furniture and fixtures (book value) | \$ _____ |
| 8. Other assets | \$ _____ |

Total Assets \$ _____

Liabilities

- | | |
|---|----------|
| 1. Accounts payable | \$ _____ |
| 2. Loan notes payable (e.g. equipment, business credit) | \$ _____ |
| 3. Mortgage notes payable | \$ _____ |
| 4. Other liabilities | \$ _____ |

Total Liabilities \$ _____

Equity

Difference Between Assets and Liabilities \$ _____