



ARIZONA REGISTRAR OF CONTRACTORS



LICENSE APPLICATION (SOLE PROPRIETORSHIP)

THIS APPLICATION IS FOR SOLE PROPRIETORSHIPS ONLY

This License Application is for a Sole Proprietorship seeking to obtain an Arizona Contractor's License. You may submit this application through the online ROC portal by visiting the [My Account](#) section of the roc.az.gov website.

Steps to Obtain an Arizona Contractor's License: [Checklist](#)

Requirements:

- 1) **Identify a Qualifying Party:** The Applicant may be the Qualifying Party themselves or identify a Qualifying Party for the license. Each license must have a Qualifying Party who is a regularly employed person with the necessary experience, knowledge and skills as defined under A.R.S. § 32-1122(E).
- 2) **Pass Examination(s).** The Qualifying Party must pass the required exams. Every Qualifying Party must complete a **statutes and rules course** (SRE) and a specific **trade exam**, unless eligible for a waiver.
 - Note:** Out of State Waivers only waive the trade exam (if appropriate), NOT the SRE.
 - To determine which exams are required, refer to the Registrar's [License Classification Requirements](#) sheet.
 - The Qualifying Party can register to take the SRE through [GMetrix](#), and the trade exam through [PSI Exams Online](#).
 - For information about testing procedures, refer to [PSI's Candidate Information Bulletin](#).
- 3) **Government-Issued Identification.** The Qualifying Party listed in Part 2, and the applicant listed in Part 1 in this License Application must submit a copy of their government-issued identification with the application. The name of the sole proprietorship needs to exactly match the name on the government ID of the sole proprietor.
- 4) **Submit Background Checks.** The Qualifying Party listed in Part 2, and the applicant listed in Part 1 in this License Application must submit a receipt number for their [background check](#).
 - Note:** Background checks are only valid through the Registrar's background check vendor, AccuSourceHR and are only valid for a period of 90 days.
- 5) **Bond.** The Applicant must obtain and submit proof of a [Bond](#) for the classification applied for.
- 6) **Signatures:** Complete the signatures section in Part 5.
- 7) **Fees:** Pay the required application processing fee, license fee, and for dual or residential licenses, the recovery fund assessment.



Supplemental Documents– Attach the following documents if applicable.

1. License Cancellation Form: If you currently have a license that you wish to cancel upon issuance of this new license, complete and attach a [License Cancellation Form](#).

2. Felony Disclosure Forms. If 'yes' is selected for any of the Felony Charges questions under Part 3, attach signed and completed [Felony Disclosure Forms](#) and supporting documentation.

3. Unlicensed Activity Disclosure Forms: If 'yes' is selected for any of the Unlicensed Activity questions under Part 3, attach signed and completed [Unlicensed Activity Disclosure](#) Forms and documentation of remedial measures.

4. Solar Warranty: A copy of the [solar warranty](#) (if applying for a solar license, or license with a solar component)

 Waivers 	
In State Waiver (Statutes & Rules Exam) The named Qualifying Party has been active within the last 5 years as Qualifying Party on an existing Arizona license	Complete form In- State Waiver Request for Statutes and Rules Exam RC-L-200H in place of the exam results for the Statutes and Rules if applicable
In State Waiver (Statutes & Rules Exam & Trade Exam) The named Qualifying Party has been active within the last 5 years on an AZ License as Qualifying Party on the same classification	Complete form In- State Waiver Request for Statutes and Rules Exam RC-L-200H and In- State Waiver Request Form for Trade Exam RC-L-200H in place of the exam results for the Statutes and Rules and Trade exam if applicable
Out of State Waiver (Trade Exam): The named Qualifying Party has been active on a comparable out of state license in the last 5 years as the Qualifying Party	Complete form Out-of-State Waiver Request form RC-L-200G in place of the Trade exam if applicable. Note: The Arizona Statute and Rules Exam cannot be waived with an out of state waiver
Veteran Waiver - A Veteran (honorably discharged in the past two years), or spouse of an Active Duty Military Member may apply for a fee waiver.	Mark the required box for "Veteran Fee Waiver" on the application form and submit required documentation.
Low Income Fee Waiver An individual applicant whose family income does not exceed 200% of the federal poverty guidelines may apply for a fee waiver.	Mark the box for "Low Income Fee Waiver" and required attestation. Refer to the Department of Health and Human Services for the federal poverty guidelines.

Note: If you have recently moved to Arizona from out-of-state and have yet to file an Arizona tax return, you may still be eligible to qualify for the Low Income Fee Waiver. Please contact our licensing department for find out what documents would be required in order to qualify.

1700 W. Washington Street, Suite 105 • Phoenix AZ 85007-2812
 602.542.1525 • Toll Free 877.692.9762 • roc.az.gov



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Form RC-L-200A	LICENSE APPLICATION (SOLE-PROPRIETORSHIP)	For Internal Use Only Pending # _____
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PART 1: APPLICANT INFORMATION

To avoid delay or denial , the Applicant must completely and accurately fill out the following information. <ul style="list-style-type: none"> ● The business address you provide will be publicly available on the Registrar’s website. ○ An applicant must provide an address or location of the applicant’s place of business, and a mailing address if it is different from the applicant’s place of business. A.R.S. § 32-1122(B)(1)(h). ● To determine the appropriate License Classification and Description in box 6, refer to the Registrar’s License Classifications located at https://roc.az.gov/license-classifications. 			
1. Name as it appears on your government-issued ID (Must match exactly)		2. Optional DBA (Fictitious Trade Name)	
3. Driver’s License or Government ID No.		4. Social Security Number	5. Are you a U.S. Citizen?
6. Requested License Classification Description		7. Date of Birth (MM/DD/YYYY)	
8. Business Address (No PO Boxes or Private Mail Boxes)		City	State Zip Code
9. Mailing Address (If different than business address)		City	State Zip Code
10. Phone Number		11. Email Address	
12. Prior to completing this application, did you or any other member of your organization participate in or watch a video of the Registrar’s ‘Applicant Education Seminar’? <input type="radio"/> YES NO			
CONSENT		Enter Mobile Number	
13. I consent to receive notifications from the Registrar by text message at the following phone number:			



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PART 2: QUALIFYING PARTY

QUALIFYING PARTY			
The "Qualifying Party" is a person who has an ownership interest or is regularly employed by the Applicant and is actively engaged in the classification of work for which the person qualifies on behalf of the Applicant. The Qualifying Party must have the necessary experience, knowledge and skills to supervise or perform the contracting work. A.R.S. § 32-1101(A)(8).			
If the Applicant and Qualifying Party are the same person, check the box and skip to the "Relevant Experience" section <input type="checkbox"/>			
1. Name as it appears on your government issued ID		2. Date of Birth (MM/DD/YYYY)	
3. Driver's License or Government ID No.		4. Social Security Number	5. Are you a U.S. Citizen?
6. Residential Address	City	State	Zip Code
7. Mailing Address (If different than residential address)	City	State	Zip Code
8. Phone Number	9. Email Address		
CONSENT			
10. I consent to receive notifications from the Registrar text message at the following phone number			
11. Is the Qualifying Party currently active for another entity in AZ?			
Pursuant to A.R.S. § 32-1127(A) The Qualifying Party listed below may act as the qualifying party for up to two licensees, but only when either:			
1. There is a common ownership of at least twenty-five percent of each licensed entity for which the person acts in a qualifying capacity; or			
2. One licensee is a subsidiary of another licensee for which the same person acts in a qualifying capacity. "Subsidiary" as used in this section means a corporation of which at least twenty-five percent is owned by the other licensee			

Reference Section (Required)		
1. Reference Name	2. Reference Phone Number	3. Reference Email Address
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Relevant Experience

The Qualifying Party must demonstrate sufficient experience as required by the desired license classification. The required amount of experience can be determined by referring to the License Classification Requirements table. Technical training, military service, diplomas, or certifications may be submitted to substantiate experience, or a portion of experience.

- Under A.R.S. § 32-1122(E)(1), at least two years of experience must be earned within the last ten years .
- If additional space is needed, complete and attach as many "Additional Relevant Experience" pages as necessary.

Business name of Employer or Self-Employed

1.

2. Start date of Experience:

3. End date of Experience:

4. Average Hours Worked Per Week:

5. I Hold the requisite experience in the form of (Select all that apply):

- Hands On Supervisory Military Education



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Workers' Compensation/Exemptions

Workers' Compensation Coverage
Applicants are required to be in compliance with the statutes and rules governing Workers' Compensation coverage. See A.R.S. § 32-1122(B)(1)(i). **In general, if you have any employees, you must have Workers' Compensation insurance.** Please choose your Workers' Compensation coverage type from the list below:

1. Workers' Compensation Insurance:	Policy Number :	Company Issuing Policy:
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2. Self-Insured Employer (You Must Submit documentation showing proof of coverage with this Application)

3. Exemption: Sole-Proprietorship without any employees	(YES)	(NO)
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<p>Income Waiver</p> <p>By checking this box and submitting this application, I voluntarily:</p> <p>1.) Attest that to the best of my knowledge and belief, my family income does not exceed 200% of the federal poverty level; and,</p> <p>2.) Acknowledge that if I am determined to be ineligible for the fee waiver, I must pay the required fee within 15 days; and</p> <p>3.) Authorize the Arizona Department of Revenue to disclose confidential information to the Registrar of Contractors to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. Title 41, Chapter 6, Article 7.2.</p> <p>4.) If I have recently moved to Arizona from out-of-state and have not yet filed an Arizona tax return, I understand that I need to contact the licensing department and I will be required to submit additional documentation.</p>	Year of Most Recent AZ Tax Return: _____	(YES)
		(NO)

<p>Veteran/Active Duty Spouse Exemption</p> <p>Is the Applicant a Veteran (Honorably Discharged in the last 2 years), or Spouse of an Active Duty Military Member? (Documentation should be provided: Active duty spouse's military ID & marriage certificate or Veteran's discharge papers).</p>	(YES)	(NO)
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PART 3: DISCLOSURES: *Failure to accurately answer these questions may be a material misrepresentation of fact and a violation of A.R.S. § 32-1154(A)(5).*

PRIOR LICENSE INFORMATION		<i>Circle One</i>
1. Has the Applicant listed in Part 1 or the Qualifying Party in Part 2 ever been named on a license in any state that was revoked or is currently suspended?		(Yes) (No)
FELONY CHARGES <i>Answering 'yes' does not automatically disqualify the applicant from receiving a contractor's license.</i>		<i>Circle One</i>
2. Has the Applicant listed in Part 1 or the Qualifying Party listed in Part 2 of this application ever been convicted of a felony? <i>If 'yes' is selected, the Applicant must complete and attach the Felony Disclosure Form with this application.</i>		(Yes) (No)
3. Does the Applicant listed in Part 1 or the Qualifying Party listed in Part 2 have a pending felony charge that has not yet received a disposition? <i>If 'yes' is selected, the Applicant must complete and attach the Felony Disclosure Form with this application.</i>		(Yes) (No)
UNLICENSED ACTIVITY		<i>Circle One</i>
4. Has the Applicant listed in Part 1 or the Qualifying Party listed in Part 2 ever received a citation for, or been convicted of, contracting without a license in any state? <i>If 'yes' is selected, the Applicant must complete and attach the Unlicensed Activity Disclosure Form with this application.</i>		(Yes) (No)

AGENCY DISCLOSURE

Pursuant to A.R.S. § 41-1030(G), the Registrar provides the following disclosures:

- **A.R.S. § 41-1030(B):** An 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):** This 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):** 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): This section does not abrogate the immunity provided by § 12-820.01 or 12-820.02.



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PART 4: REQUIRED DOCUMENTS



Before you submit your application, please review the following checklist. Missing documents will delay the processing of your application.



Review the License Application and ensure that it contains the following:

- Exam Results.** The Qualifying Party's original exam results, or a [Completed Waiver Form](#).
- Background Checks.** Copies of the payment transaction receipt from the [background check](#) for the Applicant and the Qualifying Party.
- Bond.** Completed original [Bond Verification Form](#).
- Fees.** The required [application fee, licensing fee and for dual or residential licenses also includes the recovery fund assessment](#).
- Government-Issued Identification.** Both the [Applicant](#) and the [Qualifying Party](#) in this License Application must submit a copy of their government-issued identification with the application. Acceptable forms of identification include a valid driver's license or passport.
- Signatures.** Completed [Signatures](#) section (see next page).

SUPPLEMENTAL DOCUMENTS

- License Cancellation Form.** If you currently have a license that you wish to cancel upon the issuance of a new license, complete and attach a [License Cancellation Form](#).
- Felony Disclosure Forms.** If 'yes' is selected for any of the [Felony Charges questions](#) under, [Part 4](#), attach signed and completed [Felony Disclosure Forms](#) and supporting documentation.
- Unlicensed Activity Disclosure Forms.** If 'yes' is selected for any of the [Unlicensed Activity questions](#) under [Part 4](#), attach signed and completed [Unlicensed Activity Disclosure Forms](#) and documentation of remedial measures.
- Solar Warranty.** A copy of the solar warranty (if applying for a solar license or a license with a solar component)



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PART 5: SIGNATURES

By signing below, each person certifies that the entire contents of this License Application Form, including all supplementary statements and materials attached, are true and correct, and that this application is not submitted with the intent to evade Chapter 10, Title 32 of the Arizona Revised Statutes. A.R.S. § 32-1154(A)(9). It is a violation of A.R.S. § 32-1154(A)(5) to make a misrepresentation of a material fact in obtaining a license.

Applicant

The person listed in [Part 1: Applicant Information](#) must sign this application.

Print Name

Signature

Date

Qualifying Party

The person listed in [Part 2: Qualifying Party](#) must sign this application.

Print Name

Signature

Date

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)

Title of Signer

Print or Type Name of Contractor (Principal)

By: _____
Signature Attorney-In-Fact (Must be Notarized)

By: _____
Print or Type Name of Attorney-In-Fact

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