



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.

# <u>To request waiver of the trade exam each of the following must be submitted with the application:</u>

- 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

Mail To: Registrar of Contractors P.O. Box 6688



Phoenix, AZ 85005-6688

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			

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.

Printed Name	Title
Signature	Date

# **Departmental Use Only**

State of Waiver of Trade Examination:

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_



#### **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 Lice	ense Classificat	ion	
Street Address		City			State	Zip	
Name of Qualifying Individual (Last, First, Middl	le)			Social Secu	ırity Number o	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 Verificatio	1			
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		