



ARIZONA REGISTRAR OF CONTRACTORS



Douglas A. Ducey, Governor

Jeff Fleetham, Director

Form RC-L-200G

OUT-OF-STATE WAIVER REQUEST FORM

Instructions

Complete this form to request a waiver of the trade test for your license application. After consideration, the Registrar may approve your request. **You must complete this form for each license you are requesting a waiver for and submit it to the state where you have held a license within the last 5 years. This waiver will not waive the Arizona Business Management Exam.**

California Applicants: Arizona's Engineering classifications may differ in scope from California's. If applying for the Arizona A-General Engineering license, please submit a scope letter detailing the type of work being performed in the State of Arizona prior to submitting your application to the Registrar. Please send the scope letter to licensing.department@roc.az.gov.

Pursuant to A.R.S. §§ 32-1122(A)(4) and 32-1122(E)(1), 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 (A.A.C. R4-9-106).

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|---|----------|--|------------------|
| A. Applicant & License Information | | | |
| <ol style="list-style-type: none"> Complete the information requested below; Send this Waiver Request Form to the State that will verify your license and exam history; Do not alter the Waiver Request Form returned from the verifying State; and Enclose this Waiver Request Form with your License Application. | | | |
| 1. Business Name on License, including DBA if applicable | | 2. State Where License was Issued (e.g. Arizona) | |
| 3. License Classification | | 4. License Number | |
| 5. Current Status of License (e.g. 'current', 'suspended', 'revoked', or 'inactive') | | 6. License Dates (Start – End) (MM/DD/YY) | |
| 7. Name of Applicant | | 8. Applying for Arizona License Classification | |
| 9. Applicant's Street Address | 10. City | 11. State | 12. Zip Code |
| B. Acknowledgement and Signature Of Applicant. | | | |
| 13. Signature of Person Requesting Waiver | | 14. Date | 15. Phone Number |
| C. Out-of-State Verification Completed By Verifying State Only. | | | |
| Instructions for Verifying State: | | | |
| <ol style="list-style-type: none"> Complete the information requested below; Stamp this document with a State seal; and Mail this verification form to the Applicant's address (provided by the Applicant on Line 9 of Part A). | | | |
| 1. Name of Board or Agency | | 2. Name of Person Providing Verification | |
| 3. Current License Status | | 4. Date this Qualifying Party was First Named on License | |
| 5. Number of Years of Experience Verified by the Board or Agency | | 6. Exam(s) Taken | |
| 7. Name and Date of Passing Exam | | | 8. State Seal |
| D. Acknowledgement and Signature Of Verifier | | | |
| 9. Signature of Verifier | | 10. Date | |

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