



PLEASE TYPE OR PRINT LEGIBLY IN INK

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

1. GENERAL INFORMATION

Name Last _____ First _____ Middle _____

Date of Birth _____ Social Security # (mandatory) _____

Residence Address _____

City, State, Zip _____ Tel.# _____

Email Address _____

Business Name & Address _____

City, State, Zip _____ Tel.# _____

2. BACKGROUND/DISCIPLINARY

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement and related official documents.

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Have you ever been refused or denied any registration, certification, license or permit in any state or jurisdiction? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Has any registration, certification, license or permit of yours ever been cancelled, suspended or revoked in any state or jurisdiction? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Have you ever been the subject of professional disciplinary action, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Have you ever been the subject of any type of action by a regulatory agency, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Have you ever been known by a name or names other than the one shown on this application?
If "yes," please state the name(s) _____ | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor other than a minor traffic violation?
("set aside" or "expunged" convictions and "no contest" or "nolo contendere" please MUST be reported.) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Have you ever been convicted of a felony? If "yes" you must have obtained an absolute Discharge from the court at least five years before submitting this application to the Board.
("set aside" or "expunged" convictions and "no contest" or "nolo contendere" please MUST be reported.) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

3. PENDING APPLICATIONS

Do you have a home inspector registration/certification application pending in any state or jurisdiction? ☐ Yes ☐ No

If "yes," please list state/jurisdiction _____

Current Status of Application _____

Applicant Name _____

4. PREVIOUS HOME INSPECTOR REGISTRATION/CERTIFICATION

(Issued by any state)

PROFESSIONAL REGISTRATION/CERTIFICATION:

Profession	State	Year Reg./Cert.	Reg./Cert.#	How registered/certified - (exam, education and experience, etc.)	Hrs. of Written Exam	Active / Canceled

5. NATIONAL EXAMINATIONS

Do you hold a certificate indicating successful completion of the National Home Inspector Examination as administered by the Examiners Board of Professional Home Inspectors (EBPHI)? ☐ Yes ☐ No
If "yes," please attach a copy of the certificate.

6. EDUCATION/TRAINING

ALL EDUCATION MUST BE VERIFIED BY CERTIFIED TRANSCRIPTS FORWARDED DIRECTLY FROM THE REGISTRAR'S OFFICE OF THE COLLEGE OR UNIVERSITY ATTENDED. ALL TRAINING PROGRAMS MUST BE VERIFIED BY A SIGNED COPY OF A CERTIFICATE OF COMPLETION.

Name and Location of Institution / Training Facility	Years: From-To	Graduation Date	Major/Minor	Type of Degree	Training Course Description
	_____ TO _____				
	_____ TO _____				
	_____ TO _____				

7. CERTIFICATION/RELEASE

I certify the information contained in this application is accurate, true and complete to the best of my knowledge.

Making a false unsworn statement is a misdemeanor punishable by fine or imprisonment. A.R.S. 13-2704.

Applicants Signature: _____

Date: _____