

DOUGLAS A. DUCEY
Governor



MICHAEL TRAILOR
Director

**STATE OF ARIZONA
DEPARTMENT OF HOUSING**
1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007

OFFICE: (602) 771-1000 FAX: 602-771-1002
WWW.AZHOUSING.GOV

CERTIFICATE ORDER APPLICATION

Company Name and Mailing Address of Licensee:

TYPE OF CERTIFICATE ORDERED		
DESCRIPTION	FEE	QTY
Installation Certificate <input type="checkbox"/> Residential Use <input type="checkbox"/> FBB Commercial Use	\$10.00 each	
Modular Manufacturer Certificate	\$51.00 each	
Reconstruction Certificate	\$51.00 each	

License Number: _____ Classification: _____ Telephone: _____

Email: _____

Qualifying Party Name: _____

*(Certificates can **ONLY** be issued to the Qualifying Party or Corporate Officer of the license)*

Mailing Preference:

☐ Mail ☐ Pickup ☐ FedEx ☐ UPS

FedEx or UPS Account Number: _____

A Certificate Report is required to be submitted to the Department by:

Installer 15th of each month

Manufacturer 5th of each month

Visit our website to acquire Certificate Report form: www.azhousing.gov

FOR OFFICE USE ONLY

Receipt No:

Check No:

Amount:

Date Issued:

Order filled by:

CERTIFICATE SERIAL NUMBER(S) ASSIGNED: *(Section below is for office use only, please leave blank)*