



Arizona Department of Housing

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
PHONE: 602-771-1000 | FAX: 602-771-1002
WWW.AZHOUSING.GOV

CERTIFICATE ORDER APPLICATION

Company Name and Mailing Address of Licensee:

Three horizontal lines for entering company name and mailing address.

Table with 3 columns: DESCRIPTION, FEE, QTY. Rows include Installation Certificate (Residential/Commercial), Modular Manufacturer Certificate, and Reconstruction Certificate.

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

Table for office use only with fields: 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)

Large empty rectangular box for entering certificate serial numbers.