MANUFACTURER CLASSIFICATIONS: FEE & BOND REQUIREMENTS

All licenses expire at 12:01 a.m., one year from the date of issuance, and must be renewed to remain active. Renewal is the responsibility of the licensee. Licensees may renew on-line or obtain a renewal form at our website, www.dfbls.az.gov , complete the renewal form, and send it to the Department with the renewal fee. Pursuant to Arizona Revised Statutes § 41-2177, the licensee must have a valid bond on file with the Office to qualify for renewal. The same statute provides that a license shall be renewed before the anniversary of the issuance date or a **PENALTY FEE** will be assessed.

Class: M-9A — **Manufacturer of Factory-Built Buildings and FBB Subassemblies**
Fee: $**864.00**
Bond: $10,000.00

SCOPE: Manufacture and reconstruct factory-built buildings and FBB subassemblies.

Class: M-9C — **Manufacturer of Manufactured Homes**
Fee: $864.00
Bond: $65,000.00

SCOPE: Manufacture and reconstruct manufactured homes.

Class: M-9E — **Master Manufacturer**
Fee: $1,358.00
Bond: $100,000.00

SCOPE: Accomplish work as described in license scopes M-9A and M-9C.

NOTE: THESE LICENSE SCOPES ALLOW FOR THE SALE OF UNITS TO LICENSED DEALERS/RETAILERS ONLY. IF YOU WISH TO SELL DIRECT TO THE END USER, YOU MUST ALSO OBTAIN THE PROPER DEALER/RETAILER LICENSE WITH THE DEPARTMENT.

PLEASE READ THIS!!

Enclosed is the licensing packet you have requested. The following is provided for your information:

DEALER, BROKER & INSTALLER APPLICANTS:

Testing is on Wednesdays at 9:00 a.m., **by appointment only**, at 1110 W. Washington St., Suite 100, Phoenix, Arizona. At the minimum, the Department of Fire, Building and Life Safety ("Department") must receive your completed application, required licensing fee, and completed refund policy form at least three (3) days prior to your desired testing date in order to schedule you for the exam. You may not submit an application and take the exam on the same day. **Exams are scheduled on a first come, first serve basis.**

MANUFACTURER APPLICANTS:

Each manufacturer's plant must be certified. You may contact Dave Meunier at 602-364-1059 for certification information.

Each manufacturer of factory-built buildings and subassemblies must submit plans to the Department for approval prior to the construction of these units. You may contact Patty Stecher at 602-364-1051 for plan approval information.

TO ALL APPLICANTS:

Please refer to the enclosed filing instructions.

This Department does not issue temporary licenses. When all of the licensing requirements are met, and if there are no immediate background issues, the Department will issue a license on a conditional basis pending the results of the background investigation. Once the background analysis is completed, and if the background(s) of applicant(s) is (are) acceptable to the Department, a letter will be sent informing you that the conditional license has been given permanent status. Another license will <u>not</u> be issued at that time.

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

FILING INSTRUCTIONS FOR APPLICATION FOR LICENSE

The Application and all required documents, including testing if required, must be completed within **ninety (90) days** from the date the application is submitted to the Department of Fire, Building and Life Safety ("Department"). **Failure** to complete the licensing requirements within **ninety (90)** days from the date the application is submitted to the Department will **result in the termination of the application AND the forfeiture of any fees**.

The Application and all forms required to be completed by the applicant may be typed or completed in black ink.

Each license classification requires one original Application for License plus supporting documentation. No license will be issued prior to submitting and/or completing ALL applicable licensing requirements.

All fees submitted for licensure are **nonrefundable**. The Refund Policy statement must be signed and returned with the completed application and applicable licensing fees before the Department will review your application.

I. APPLICATION FOR LICENSE

Application must be completed in its entirety, typed or plainly printed with black pen, properly signed and notarized.

A. License Classification

Check appropriate box for proper license designation and scope as described in License Scopes of the Rules.

B. Section A-Identification

1. Business Name of applicant as it is to appear on the license. If applicable, include the dba ("doing business as") name. Business telephone number is required.
2. Principal Place of Business should be the actual location where business (in the classification you have applied for) will be conducted. All records are required to be kept at the principal place of business address. If the Principal Place of Business address is a rural route or has no street address, include brief description such as "corner of", "at intersections of" or "at Milepost.". Please include **county**.
3. Mailing Address: Provide mailing address, including **county**, such as Post Office Box, Corporate Headquarters, or other location where written communication is to be sent. There may only be one mailing address of record for the license. The Department will mail all correspondence, including the license and any license renewal certificates, to the mailing address stated on the Application.
4. Doing Business As: Check appropriate box to identify the entity of the applicant for license - i.e. partnership, corporation, individual, etc.
5. Branch Location: List branch name, if different from principal business name, address and telephone number of any additional location(s) at which applicant will be conducting business under the applied for license. Proof that the "branch location" is not a separate legal entity may be required. See Section IV for bonding requirements.

C. Section B - Qualifying Party

1. Enter name, residence address, residence telephone number and the date of birth of Qualifying Party. Refer to Section III, Certificate of Qualifying Party, for a description of responsibilities. The Qualifying Party must reside in the same State that is listed as the principal place of business on the application.
2. Check appropriate box to indicate the position held by the Qualifying Party.

D. Section C - Statutory Agent

"Statutory Agent" means an adult person who has been a bona fide resident of this State for at least three years and has agreed to act as agent for a licensee.

"Person" includes a corporation, company, partnership, firm, association or society, as well as a natural person.

E. Section D - Official Personnel

1. List **full** name, title, date of birth, residence address and telephone number of:
   a) Owner if applying as Individual,
   b) All partners of a partnership,
   c) President, Vice President, Secretary and Treasurer if applying as a corporation,
   d) Managing Members and all Members if applying as a Limited Liability Company, and
   e) Qualifying Party for all business license applications.

F. Section E - Questions

1. Complete by checking "Yes" or "No" to the five questions. Questions 1 – 4 apply to all individuals listed under Section D of the Application. An **explanation** is required for a "**Yes" answer to Questions 1 - 4. Court documents** are required for a "**Yes" answer to Questions 3 or 4. In answer to Question 5, parties listed under Section D that must respond by providing the completed and signed Arizona Statement of Citizenship and Alien Status for State Public Benefits (Long Form Applicant Statement) and by providing a legible copy of one of the documents from the attached List A or List B, are: the Owner and the Qualifying Party if applying as an Individual and only the Qualifying Party if applying as a business entity such as a corporation, partnership, limited liability company or the like.**

   PLEASE NOTE: Question 1 pertains to any type of business license, (i.e. liquor, real estate, etc.) issued in Arizona or any other State. This question does not limit itself in years. (Example: If the company or individual applying for a license with the Department had a real estate license ten years ago, list that license on Question 1 whether the license is still active or not.)

G. Section F

Thoroughly read this Section of the Application. By signing the Application, each person who signs is agreeing to be personally responsible for compliance with the Arizona Revised Statutes and the Rules of the Department as they pertain to the applied for license. Refer to the Instructions for Signing located on back of the Application.

H. Section G - Signing of Application

The instructions identify the person or persons who must sign the Application. No application will be accepted unless signed and notarized as indicated by these instructions.

II. CORPORATE AND LIMITED LIABILITY COMPANY APPLICANT REQUIREMENTS

Corporate and LLC applicants shall submit a copy of the Articles of Incorporation or Articles of Organization from the State in which the Corporation or LLC was formed along with a Letter of Good Standing from that State.

If a foreign corporation (formed outside of Arizona), you must apply with the Arizona Corporation Commission for a Certificate of Authority to Transact Business in the State of Arizona. The applicant must provide the Department with a copy of the Certificate of Authority, issued by the Arizona Corporation Commission, as part of the licensing requirements. You must contact the Arizona Corporation Commission to obtain the requirements for this procedure. Due to the length of time it takes to obtain the Certificate of Authority from the Arizona Corporation Commission, you may wish to apply for this Authority **prior** to submitting an Application to the Department as the applicant is under a 90-day time limit to complete all license requirements to avoid forfeiture of any fees the applicant may have paid to the Department.

III. CERTIFICATE OF QUALIFYING PARTY

A. Each applicant must have a Qualifying Party. "Qualifying Party" means a person who is an owner, employee, corporate officer, member, manager, or partner of the licensed business and who has active and direct supervision of and responsibility for all operations of that licensed business.

B. The Qualifying Party must reside within the State of the principal place of the licensee's business, as listed on the license application, and shall not act in the capacity of a qualifying party for more than one license in the same classification.

C. Complete form as follows:

1. Full name, date of birth, residence address, and telephone number of the Qualifying Party.
2. Applicant's business name as stated on the Application for License.
3. License classification being applied for by Applicant - i.e. D-8, I-10C, M-9E etc.
4. Underline the appropriate position held that is listed on the second or third lines of the first paragraph.
5. Qualifying Party’s signature must be notarized.
6. The listed questions must be answered.

IV. **BOND REQUIREMENTS**

A. Before granting a license, the Deputy Director shall require a cash deposit or a surety bond on the Department's bond form. The amount of the bond is determined by the license classification of the applied for license.

B. An applicant for a D-8B license is exempt from the bonding requirement.

C. A separate bond or cash deposit is required for each branch location of any licensed manufacturer or installer. Space is provided in the upper right corner of the license bond form for the branch name (if different than the principal place of business name) and the branch location address.

1. The License Bond form is to be completed by the bonding company. Cash bonds are to be completed as described in Paragraph E.
2. No license shall be renewed unless the licensee's surety bond or cash deposit (when required) is in full force and effect.

D. Surety (bonding) company is to complete the License Bond form as follows:

1. Side one of form:
   a. Upper right corner: Indicate bond number. If applicable, show the branch name (only if different from the principal name) and branch address on lines provided. The branch information is to be filled out when the bond is covering that branch only. If the bond is covering the principal place of business location, no information is recorded in the branch information.
   b. 1st Line: Principal's name exactly as shown on Application.
   c. 2nd Line: Principal's physical business address as shown on Application.
   d. 3rd Line: Indicate license classification, i.e. D-8, I-10C, M-9A, etc. as shown on Application.
   e. 4th Line: Name of surety (bonding) company, their claims address, and phone number.
   f. 5th Line: Amount of bond in words and numerals.

2. Side two of form:
   a. Date bonding company signed and sealed the bond.
   b. Effective date of bond.
   c. Signatures, left side:
      - Full business name of applicant, typewritten or printed.
      - Applicant's signature and title.
      - Countersignature by surety Arizona resident agent (if applicable).
      - Type or print name of Arizona resident agent, name, address and telephone number of Arizona company represented as indicated (if applicable). f bond not countersigned, provide name, address, and phone number where claims against the bond should be sent.
   d. Signatures, right side:
      - Printed or typed name of surety or bonding company.
      - Signature of person acknowledging for the surety.
      - Type or print name and title of the person acknowledging for the surety on the line below.
      - Surety signature must be notarized.

E. Cash Bond

1. A cash bond, in the amount required for the license classification, may be deposited with the Department using any one of the following payment methods:

   a. Cash;
   b. Certified check payable to the State Treasurer or to the Department of Fire, Building and Life Safety;
   c. Cashier's check payable to the State Treasurer or to the Department of Fire, Building and Life Safety;
   d. Bank money order payable to the State Treasurer or to the Department of Fire, Building and Life Safety;
   e. Postal money order payable to the State Treasurer or to the Department of Fire, Building and Life Safety.

2. A personal check is **not** acceptable for a cash bond deposit.

3. Cash deposits may be withdrawn, upon written request, two years from:
   a. Termination of the license for which the cash deposit was posted, provided there are no outstanding claims, or
   b. Filing a commercial surety bond as replacement of the cash deposit.

V. INFORMATION ABOUT APPLICANT

A. If, before the issuance of the license, information brought to the attention of the Deputy Director concerning the qualifications of the applicant is such that in the Deputy Director's discretion it may be proper to deny the license, the Deputy Director may notify the applicant that the license is denied.
B. If the license application is denied, the applicant may request in writing a hearing if the applicant so desires.

VI. TRUST OR ESCROW REQUIREMENTS – DEALERS/BROKERS/RETAILERS

A. Prior to issuance of a license, each applicable dealer/broker/retailer applicant shall notify the Department, on the form provided, of the name and number of the account established as the trust or escrow account, the name and **ARIZONA** location of the financial institution where the account was established, and the date the account was opened. An applicant may keep up to $200.00 of its own funds in the trust or escrow account to offset service charges. If you choose to utilize a title company instead of opening an account with a financial institution, the account number on the Trust or Escrow Account Authorization for Release of Information form should be stated as "various" because the title company will assign a different escrow number for each customer.
B. Beginning July 1, 2012, all transactions involving a new manufactured home must go through a title company unless the dealer meets the requirements set forth in A.R.S. § 41-2180 (C).
C. Beginning July 1, 2012, all transactions involving a new factory-built building designed for use as a residential dwelling must go through a title company unless the dealer meets the requirements set forth in A.R.S. § 41-2180 (C).
D. Beginning July 1, 2012, all transactions involving a used manufactured home, mobile home or used factory-built building designed for use as a residential dwelling with a purchase price of $50,000.00 or more must go through a title company.
E. Beginning July 1, 2012, the purchaser involved in the purchase of a used manufactured home, mobile home or used factory-built building designed for use as a residential dwelling with a purchase price of under $50,000.00 may request in writing, no later than the time the purchase contract is signed, that the dealer use a title company and, if the seller consents, the dealer must do so.

F. The dealer/broker/retailer shall authorize the release of any and all information relative to the trust or escrow account to the Department by completing, signing and returning the provided Trust or Escrow Account Authorization for Release of Information form.

G. The applicant must submit a copy of the trust or escrow account signature card or account application to the Department with the completed Trust or Escrow Account Authorization for Release of Information form. If a title company is utilized instead of a trust or escrow account, a copy of the signature card or account application is not applicable.

VII. WRITTEN EXAMINATIONS – DEALER/BROKER/RETAILER OR INSTALLER CLASSIFICATIONS

A. Prior to the issuance of a dealer/broker/retailer or installer license, the Qualifying Party for the license shall successfully show by written examination, qualification in the kind of work or business in which the applicant proposes to engage. A new Qualifying Party for an existing license must also successfully complete the required examination. Manufacturer applicants are not required to take an examination.

B. Upon the applicant's filing of the Application for License with the appropriate fee and the Refund Policy statement, the Department will notify the applicant, in writing, regarding the items remaining to complete the application process including (if applicable) the examination requirement. Exams are given **by appointment only** and at the **Phoenix location only**. The examinee must show proper identification (i.e. driver's license) at the time of testing.

C. Two hours will be allowed to complete the examination. A grade of 70% is required to pass exams. Notification of the test results will usually be given to you prior to leaving the Department's office. Examinee will be allowed only three attempts to successfully complete the required examination.

D. In the event of failure, a retake examination will be scheduled on the next available testing date.

E. In addition to meeting the applicable requirements, an applicant for an installer I-10C, I-10D, or I-10G license shall:

1. Have a minimum of 3 years practical or field management experience in the specific type of installation, a related construction field, or the equivalent, for which the applicant is applying. At least 2 of the 3 years experience shall be within 10 years of the date of the application. The applicant may substitute technical training in the specific type of installation, a related construction field, or the equivalent, from an accredited college or university or from a Department of Fire, Building and Life Safety workshop for no more than 1 year of the 3 years experience required. Certification Experience Verification forms must be completed by past or present employers and submitted to the Department.

2. Supply a certified copy of each official transcript or certificate, demonstrating successful completion of any technical training the applicant wishes the Department to consider as proof of meeting the experience requirement.

F. Study Information:

1. Dealer/Broker/Retailer examinations will consist of general knowledge of the Arizona Revised Statutes and Rules of the Department of Fire, Building and Life Safety as they pertain to the applied for license. All study materials are the responsibility of the examinee. Links to the Statutes and Rules can be found at our website of www.dfbls.az.gov . No test questions come from the "New Dealer Handbook".
2. Installers will need a general knowledge of those Statutes and Rules that relate to installer/installation requirements as well as a general knowledge of the current adopted codes we have listed at our website of www.dfbls.az.gov .The code books may be available at local libraries, the local city or county building departments or book stores. One such store may be Builders Book Depot. Links to the Department's Statutes and Rules are located on the 'Manufactured Housing' page at our website.

G. Effective January 1, 2010, all applicants for installer licenses must take the MHI on-line course and pass the test. The fee for the class is $255.00. You can pay for the **Arizona Manufactured Home Installation – Online Training** course by check by completing the Mail-in Form and mailing it to MHEI with your check. Once your order is received, MHEI will mail the course book to your address. You will also receive email instructions for accessing the online Internet portion of the course along with a user name and password at the email address provided below. To register online and pay by credit card go to http://mhei.myicourse.com and register as a student on the site. Then login to the site and click on "Course Catalog" and select the "Arizona Manufactured Home Installation" course. After you have paid for the course, click on "My Enrolled Courses" and you will see the course. Select course for Arizona installers. Applicants can find the link to the Mail-in Form and to the on-line course and examination at our website of www.dfbls.az.gov .

VIII. MANUFACTURER SUBMISSION OF CONSTRUCTION PLANS

Prior to the construction of any factory-built building or subassembly, each manufacturer who intends to manufacture for delivery or sell such a unit in this State shall submit to the Engineering Section of the Department for approval, detailed plans of each model and shall have obtained such approval. No plans will be reviewed prior to your license number being issued. For questions related to plans, please contact the Engineering Section of the Department.

IX. MANUFACTURER PLANT CERTIFICATION

A. Manufactured Homes The plant certification shall be pursuant to the Federal Manufactured Home Procedural and Enforcement Regulations published pursuant to the Act defined in A.R.S. 41-2142.2.

B. Factory-Built Buildings and Subassemblies Each manufacturing facility shall be certified by the Department, or an authorized representative, as to capability to manufacture units or subassemblies as shown on the Department-approved drawings, specifications and quality assurance manual.

X. FINGERPRINTING REQUIREMENTS – ALL APPLICANTS

A. The applicant may contact the Department for fingerprint cards or may contact their local police departments or sheriff offices. Refer to the separate Fingerprinting Instructions for important additional information.

B. One set of fingerprints with a processing fee of $22.00, payable to the Department of Fire, Building and Life Safety, in **certified funds (or exact cash)** will be required for persons listed in Section D of the application, as shown below:

1. Qualifying Party
2. Individual named as Sole Proprietor or Owner
3. All Partners of a Partnership
4. All Managing Members of a Limited Liability Company
5. All General Partners of a Limited Partnership
6. The President, Vice President, Secretary and Treasurer of a Corporation

C. An applicant who is required to submit a fingerprint card and processing fee to the Department may provide the Department with a copy of the front and back of a current DPS Fingerprint Clearance Card in order to be waived from the fingerprint requirement.

XI. AGREEMENT FOR CONDITIONAL LICENSE

A. There may be a rather lengthy delay in issuing a license due to difficulties encountered by the Department in obtaining the necessary background information for review prior to issuance of the permanent license. We will issue the license, upon completion of all other requirements, on a conditional basis that will allow you to conduct business under the license until the background information is received by the Department.

B. On completion of the background analysis, the previously issued conditional license will either become a permanent license or a probationary license or the license will be automatically revoked if the background information is of such a nature that a license denial is in order.

C. Complete the Agreement for Conditional License form as described below.

1. Insert business name as shown on the application form on the line provided in the first paragraph.
2. The Agreement for Conditional License may be signed by the Qualifying Party, the Owner if applying as an Individual, a Partner if applying as a Partnership, a Corporate Officer if applying as a Corporation, a Managing Member if applying as a Limited Liability Company or a General Partner if applying as a Limited Partnership.
3. Date the document where indicated and have signature notarized.

XII. REFUND POLICY

All fees required for the license are **nonrefundable**. The form acknowledging this Statute must be signed by the applicant and returned with the license application and application licensing fee before the Department will review your application.

XIII. AUTHORIZATION FOR RELEASE OF INFORMATION

A. An Authorization for Release of Information form is required for each person listed in Section D of the Application as shown below:

1. Qualifying Party
2. Individual named as Sole Proprietor or Owner
3. Each Partner of a Partnership
4. All Managers or Managing Members of a Limited Liability Company
5. All General Partners of a Limited Partnership
6. The President, Vice President, Secretary and Treasurer of a Corporation

B. The Authorization for Release of Information form, for each applicable person, must be completed as described below:

1. State **full** name of individual, including **full middle name**, and date of birth.
2. State individual's **residence** address including **county**.
3. State individual's **residence** phone number.
4. State business name as listed on the License Application.
5. State the position or title held by the individual (i.e. Qualifying Party, President, Owner, etc.).
6. State full name of individual on the appropriate line of the consent for inquiry.

C. Please read the Authorization Statement before signing. Signature must be notarized. In addition, you must print your name on the line appropriated for this information.

XIV. SUPPLEMENTAL INFORMATION FOR LICENSE APPLICATION

Any person listed in Section D of the license application, who has been convicted of a felony, must sign a Supplemental Information form and provide the Department with the information and/or documents described in this form.

XV. ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Pages 1 and 2 are to be completed and returned to the Department along with a legible copy of one of the documents listed in the attached List A or List B by the following individuals:

1. Qualifying Party if applying as a Corporation, Partnership, or LLC;
2. Qualifying Party if the license application is for the business entity of "Individual" and the Qualifying Party is not the Owner;
3. Owner if applying as an Individual.

XVI. REQUIRED F.B.I NOTICE

Each individual, who is required to submit a fingerprint card to the Department, must also provide the Department with a completed F.B.I Notice.

Applicants: Do not write in these spaces.

Date Filed_____Receipt No._____

Classification_____Fee_____

License No._____Issued_____ Approved_____

STATE OF ARIZONA

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY
OFFICE OF ADMINISTRATION
1110 WEST WASHINGTON, SUITE 100
PHOENIX, AZ 85007-2935
(602) 364-1003

APPLICATION FOR LICENSE

CHECK APPLICABLE BOX

MANUFACTURER LICENSE CLASSIFICATION: ☐ M-9A ☐ M-9C ☐ M-9E

DEALER LICENSE CLASSIFICATION ☐ D-8 ☐ D-8B ☐ D-10 ☐ D-12

INSTALLER LICENSE CLASSIFICATION ☐ I-10C ☐ I-10D ☐ I-10G

TYPE OR PRINT IN BLACK INK

SECTION A

Business Name_____
Type or print — Area Code Phone Number

Principal Place of Business_____
Street Address

_____
City — County — State — Zip Code

Mailing Address_____
Street Address

_____
City — County — State — Zip Code

Email Address_____

Doing Business As: ☐ Individual ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company

BRANCH LOCATIONS

1. _____
Branch Name — Area Code Phone Number

_____
Street — City — County — State — Zip Code

2. _____
Branch Name — Area Code Phone Number

_____
Street — City — County — State — Zip Code

3. _____
Branch Name — Area Code Phone Number

_____
Street — City — County — State — Zip Code

Attach separate sheet for additional locations if necessary.

SECTION B

Name of Qualifying Party_____
Last Name — First Name — Middle Name — Date of Birth

_____
Residence Street Address — City — County — State — Zip Code — Area Code / Phone Number

Qualifying Party is (check one) ☐ Owner ☐ Partner ☐ Corporate Officer ☐ Employee ☐ Member ☐ Managing Member

SECTION C

Arizona Statutory Agent_____
Last Name — First Name — Middle — Area Code Phone Number

Address_____
Street — City — State — Zip Code

If all requirements for license are not completed within ninety (90) days from the date of filing the application, all paid licensing fees will be forfeited.

SECTION D

The Personnel of Applicant shall include: the qualifying party in all instances; if an individual, the individual applying; if a partnership, all partners of the partnership; if a corporation, the president, vice president, secretary and treasurer; if a limited liability company, all members and managing members, in a limited partnership, all general partners and limited partners.

Please type or print

Last Name – First – Full Middle	Title or Position	Date of Birth	Complete Residence Address & Phone Number

SECTION E

For purposes of the questions below, "person" means an applicant, an individual, a qualifying party, any partner of a partnership, any general partner of a limited partnership, the president, vice president, secretary and treasurer of a corporation and any managing member of a limited liability company.

1. Has any person described above been affiliated with any business license issued by any state?
   ☐ Yes ☐ No If yes, give state, license type, license number, classification, status of license and position or affiliation held.
   _____
2. Has any person described above acted in the capacity of Qualifying Party in this or any other state?
   ☐ Yes ☐ No If yes, attach details
3. Has any person described above within one year prior to date of the application, had a license refused or revoked?
   ☐ Yes ☐ No If yes, attach details
4. Has any person described above been arrested or convicted of a felony in any state or federal jurisdiction, or had final judgment brought against them in a civil action upon grounds of fraud, misrepresentation or deceit?
   ☐ Yes ☐ No If yes, attach details, including court documents
5. Are all parties, listed under Section D above, citizens of the United States? ☐ Yes ☐ No Provide legal documentation which identifies your name, and status as a U.S. Citizen. If you are not a U.S. Citizen, provide written documentation identifying the country of which you are a citizen and provide documentation that demonstrates your legal right to live and work in the United States.

SECTION F

I (we) hereby agree to comply with ALL provisions of Arizona Revised Statutes, Title 41, Chapter 16, Article 1,2,3,4, and 5, and the Rules and Regulations of the Department Fire, Building and Life Safety.

SECTION G The application must have notarized signatures of the following:

- Individual – the individual and the qualifying party.
- Partnership - each partner and the qualifying party.
- Limited Partnership – each general partner and the qualifying party.
- Corporation - the president, vice president, secretary, treasurer and the qualifying party.
- Limited Liability Company - each managing member and the qualifying party.

NO license shall be issued to a minor.

I (WE) THE UNDERSIGNED, HEREBY APPLY TO THE STATE OF ARIZONA, DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY FOR THE ABOVE LICENSE AND ATTEST TO THE TRUTH AND ACCURACY OF ALL STATEMENTS AND ANSWERS HEREIN CONTAINED.

X_____ Title_____ X_____ Title_____

X_____ Title_____ X_____ Title_____

X_____ Title_____

State of_____County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____. (NOTARY SEAL)

My commission expires _____ Notary Public Signature _____

NOTICE: Pursuant to A.R.S. § 41-1030, an agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court shall award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. This section does not abrogate the immunity provided by Section 18-820.01 or 12-820.02.

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

SUBJECT: Supplemental Information for License Application

If listed under Section D of a business license application or if applying for a salesperson license, this form must be signed by you if you: 1) have ever been arrested or convicted of a felony in any State or Federal jurisdiction and/or 2) have ever had a final judgment brought against you in a civil action upon grounds of fraud, misrepresentation or deceit.

You must provide us with the following information and/or documents (whichever are applicable) to facilitate the processing of your application for a license:

1. Approximate date of arrest(s).
2. Location of arrest(s).
3. Any prior arrest(s), date and location.
4. Name of prosecuting Agency(s), County Attorney, District Attorney, Attorney General, etc. and location(s).
5. Name of Defense Attorney(s).
6. Case Number(s).
7. Court(s) where convicted (each offense). (City, County, State, Federal, etc.)
8. Date(s) of conviction(s) (approximate).
9. Copy of Judgement of conviction(s).
10. Name of Parole Officer(s) or Probation Officer(s).
11. In your own words, describe violation(s).

_____ _____
Signature Date

_____ _____
Name of Applicant * License Classification**

*If you are listed under Section D of a business license application, identify the business name stated on the license application. ** Identify the license classification listed on the business license application.

***If you are a Salesperson, the Name of Applicant will be your name. The License Classification will be Salesperson.

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

AGREEMENT FOR CONDITIONAL LICENSE

This agreement is entered into between the Office of Administration (Office) and _____ (Applicant's Name) subject to terms and conditions as hereinafter set forth and pursuant to A.R.S. 41-2176.B., C., and .D.

Upon completion of all other requirements, the Office agrees to grant the applicant a conditional license, pending the results of the background analysis. Once the background analysis is completed, if the applicant's background is acceptable and the applicant did not make any misrepresentations, depending on the results, permanent status or probation will be given to the license.

The Director shall revoke the applicant's conditional license and shall refuse to issue the permanent license if there are material misrepresentations or fraud in the application to obtain a license. The applicant agrees that the conditional license issued to him/her shall be revoked if it appears that the applicant has misrepresented his/her criminal background.

The applicant further agrees to waive and does hereby waive any and all right they may have to a stay of the effectiveness of any order of revocation of the conditional license. The applicant also agrees to waive and does hereby waive any right to notice of hearing prior to revocation of the conditional license.

The applicant may demand a hearing on the order of revocation pursuant to Arizona Revised Statutes, Title 41, Chapter 16, Articles 1, 2, 3, 4, and 5 and consistent with this agreement by making written demand for hearing, setting forth the relief requested and the basis for the relief.

IMPORTANT NOTICE:
Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation ("FBI"). If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety ("DPS") Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

_____
Applicant's Signature

State of)
County of)

Dated this _____day of_____, 20____

On this _____day of _____, 20____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

_____ Commission Expires: _____
Notary Public

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

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PHOENIX, ARIZONA 85007
(602) 364-1003
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OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

CERTIFICATE OF QUALIFYING PARTY

PLEASE TYPE OR PRINT:

FULL NAME: _____ _____
(DATE OF BIRTH)

ADDRESS: _____
(RESIDENCE ADDRESS)

_____ _____
(CITY, STATE, ZIP CODE) (PHONE NUMBER)

COMPANY: _____ CLASSIFICATION: _____

I HEREBY CERTIFY THAT I have been appointed to act as the QUALIFYING PARTY for the above-named license issued by the Office of Administration, as QUALIFYING PARTY I am a bona fide owner, corporate officer, member, partner; employee ***(underline one)*** of the above named license. I assume full responsibility for compliance with the provisions of Arizona Revised Statutes, Title 41, Chapter 16, Articles 1, 2, 3, 4, and 5 and the Rules and Regulations adopted pursuant thereto by the Board of Manufactured Housing. If for any reason I become disassociated or cease to be the QUALIFYING PARTY for the above mentioned licensee, I will within (5) days notify the Office of Administration in writing.

1. Are you presently acting or have you previously acted on a license in the capacity of Qualifying Party in this or any other State? Yes No
2. Have you had a license refused or revoked within the past twelve months? Yes No
3. Have you been convicted of a felony in any state or federal jurisdiction or have you ever had a final judgement brought against you in a civil action on grounds of fraud, misrepresentation, or deceit? Yes No

NOTE: A yes answer to any of the above requires you to provide details.

I HEREBY CERTIFY under penalty of perjury that the foregoing is true and correct, and vouch for the truth and accuracy of all supplementary statements, answers and representations attached hereto and made a part of this application.

SIGNATURE: _____
(Qualifying Party)

STATE OF)
COUNTY OF)

The foregoing instrument was acknowledged before me this _____ day of _____, 20___

My Commission expires _____ Notary Public _____

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
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OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

BOND REQUIREMENTS **COMPLETION INSTRUCTIONS**

A. Pursuant to A.R.S. §41-2179, before granting an original license, the Deputy Director shall require a surety bond or cash deposit on the form provided, which shall be continuous in form. The amount of the bond is determined by the type and scope of the applied for license.

B. A separate bond or cash deposit is required for each branch location. Space is provided for such branch location address in the upper right corner of the License Bond Form B&FS OA 107.
   1. Installer Branch Location means a separate business location from the licensee's principal place of business where transactions are conducted.
   2. Manufacturer Branch Location means a separate business location from the licensee's principal place of business where units are manufactured.

C. Surety (bonding) company to complete License Bond Form B&FS OA 107 as follows:
   1. Side one of form:
      a. Upper right corner indicate bond number. If applicable, show licensee's branch address on lines provided. See Paragraph B. above.
      b. 1st Line: Name of business exactly as shown on the Application.
      c. 2nd Line: Licensee's principal physical business address as shown on Application.
      d. 3rd Line: Indicate license classification, i.e., D-8, I-10C, M-9A, etc., as shown on Application.
      e. 4th Line: Name of Surety (bonding) Company and Claims Address for Surety Company.
      f. 5th Line: Amount of bond in words and numerals.
   2. Side two of form:
      a. Date bonding company signed and sealed the bond.
      b. Effective date of bond.
      c. Signatures, left side:
         Full business name of applicant, typewritten or printed.
         Signature and title of applicant.
         Type or print the name, mailing address and telephone number for the purpose of filing claims in this section.
      d. Signatures, right side:
         Name of surety typed or printed.
         Signature of person acknowledging for the surety; and,
         Type or print name and title on line below.
         Surety signature must be notarized.

D. **TO AVOID DELAY** or inconvenience, be sure the bond is completed as delineated above. If necessary, the bond will be returned for correction or a rider will be requested to properly complete the bond before issuance of the license.

STATE OF ARIZONA

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY
OFFICE OF ADMINISTRATION
1110 WEST WASHINGTON, SUITE 100
PHOENIX, AZ 85007-2935
(602) 364-1003

Bond Number _____

Branch (of principal) if applicable

Name _____

Address _____

LICENSE BOND

KNOW ALL MEN BY THESE PRESENTS:

That we_____

as Principal, whose physical business address is_____

conducting business under the classification of _____

and _____

a corporation duly authorized and licensed to transact surety business in the State of Arizona, for the purpose of making, guaranteeing or becoming sole surety upon bonds or undertakings required or authorized by the laws of the State of Arizona as surety, are held and firmly bound unto the State of Arizona for the benefit of:

1. Any purchaser of a manufactured home, mobile home, factory-built building or subassembly thereof who is damaged by the failure of the Principal to perform a sales or installation agreement or fails to perform repairs under a warranty, as provided by A.R.S. §41-2179.D;
2. The Deputy Director of the Office of Administration, if the Principal owes said Office under the provision of Articles 1,2,3,4, and 5, Chapter 16, Title 41, Arizona Revised Statutes, and the Rules adopted pursuant thereto;

In the sum of:_____ ($_____)
lawful money of the United States of America for payment under the terms expressed herein, we bind ourselves, our heirs, executors, successors and assignees, jointly and severally, firmly by these presents.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT:

Whereas, the above bounden Principal has made application with the Office of Administration, Department of Fire, Building and Life Safety of the State of Arizona for a license to conduct business under the classification and at the address set forth above and tenders this bond to comply with the provisions of Articles 1,2,3,4, and 5, Chapter 16, Title 41, Arizona Revised Statutes, and the Rules adopted pursuant thereto by the Board of the Office of Manufactured Housing.

The persons claiming against this bond may maintain action at law against the Principal and the Surety and this bond may be sued upon in successive actions until the full amount thereof is exhausted. No suit may be commenced on this bond after the expiration of two years following the commission of the act on which the suit is based except that the time for purposes of the claim for fraud shall be measured as provided in A.R.S. §12-543.

It is further provided that upon any demand or claim against the bond the Surety shall give notice to the Deputy Director by registered mail of any such demand or claim and of any judgment, recovery or settlement made prior to the payment thereof. This bond shall be continuous in form and shall be conditioned that the total aggregate liability of the Surety for all claims shall be limited to the face amount of the bond irrespective of the number of years this bond is in force. If the Surety desires to make payment without awaiting court actions, the amount of this bond shall be reduced to the extent of any payment or payments made by the Surety, in good faith thereunder. Any such payments shall be based on priority of written claims received by the Surety prior to court action.

(OVER)

The liability of the Surety may be terminated and this bond cancelled as to future liability by the giving of written notice by the Surety to the Deputy Director, of the Surety's desire to terminate liability and by stating in such notice the effective date of such termination, which shall not be less that thirty (30) days from the receipt of such notice by the Deputy Director.

Previous locations are automatically covered by the existing bond when a rider or endorsement is received by the Department indicating a new location.

Nothing in this bond shall be construed to be in conflict with the provisions of Articles 1,2,3,4, and 5, Chapter 16, Title 41, of the Arizona Revised Statutes.

Signed and sealed this _____ day of _____, 20 ____.

This bond becomes effective on the _____ day of _____, 20 ____.

Type or Print Licensed Business Name

_____
(Name of Principal)

By: _____
(Signature & Title of Principal)

_____
Agent (Type or Print Name)

_____
Representing (Name of Company)

_____
(Area Code) (Telephone Number)

_____
(Mailing Address)

_____
(City) (State) (Zip)

_____
(Name of Surety)

By: _____
Signature of Person Signing for Surety

By:_____
(Type Name & Title of Person Signing for Surety)

This instrument was acknowledged
Before me this ____ day of _____, 20 ___.

_____
(Notary Public)

My commission expires: _____

STATE OF _____

COUNTY OF _____

NOTE: Provide address and phone number where claims against this bond are to be sent in the spaces appropriated above for insurance agent if bond is not being countersigned by insurance/surety Agent.

SIGNATURE OF SURETY MUST BE NOTARIZED

---------- NOTE ----------

In cases where a minor discrepancy exists between the information contained on the license application and that contained on the bond, the clarification notice below will be filled in to reflect the proper information. A copy of the bond form with the completed clarification notice will then be sent to the surety. If written notice from the surety is not received by the Office of Administration contradicting the information contained in the clarification notice, it will be assumed that such information is correct. This procedure will eliminate the delays caused by bond rider requests when minor differences exist.

DO NOT WRITE BELOW

LICENSEE'S BOND CLARIFICATION NOTICE

The Office of Administration's records indicate that the correct business name, license classification and/or form of business for the Licensee covered by this surety bond is as stated below.

Business Name _____

Classification _____

Form of Business: Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Co. ☐

Other _____

I certify that on _____ a copy of this notice was mailed postage prepaid to:
Date

_____ By_____
Surety's Name Signature of Licensing Clerk

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

TO: All Applicants for Licensure

SUBJECT: Refund Policy and Certification Form

It is the policy of this Department that all funds received relating to licensure are **nonrefundable**.

I,_____, swear that the above
(Please Print)
information pertaining to licensing fees being nonrefundable has been read and understood by

me.

Signature: _____Date: _____

Title: _____

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
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OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

STATEMENT OF AUTHORIZATION AND RELEASE OF INFORMATION

Your Full Name: _____Date of Birth: _____

Home Address: _____Home Telephone: _____

Business Name on License Application: _____

Position/Title You Hold: _____
(Example: president, managing member, qualifying party, partner, etc.)

I, _____, do hereby consent to having an inquiry made as to
Your Full Name
my moral character, professional reputation and fitness for said license.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Office of Manufactured Housing any such information, including documents, records, or information regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Office of Manufactured Housing or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the Office of Manufactured Housing, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information of the inquiry made by the Office of Manufactured Housing.

State of _____)

County of _____)

Signature: _____ Date:_____

Printed Name: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

Notary Public Signature:_____ My commission expires: _____

Form 1: LONG FORM APPLICANT STATEMENT (revised)
REQUIRING SUBMISSION OF DOCUMENTATION OF STATUS

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License
Department of Fire, Building and Life Safety

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE_____

TYPE OF APPLICATION (check one) ☐ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) ☐ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: _____.

"Qualified Alien" Status (8 U.S.C.§§ 1621(a)(1), -1641(b) and (c))

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

☐ 2. An alien who is granted asylum under Section 208 of the INA.

☐ 3. A refugee admitted to the United States under Section 207 of the INA

☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.

☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.

☐ 6. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.

☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).

☐ 8. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a) (2))

☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a) (15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a) (3))

☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c) (2)(A) and (C))

☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or

☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq*.];

☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C. § 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

_____ _____

APPLICANT'S SIGNATURE TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. <u>Primary Evidence</u>:

(1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
(2) United States passport;
(3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
(4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
(5) Form N-561, Certificate of Citizenship;
(6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
(7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
(8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
(9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. <u>Secondary Evidence</u>

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

(1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
(2) Evidence of civil service employment by the U.S. government before June 1, 1976;
(3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
(4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;

(5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;

(6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. <u>Collective Naturalization</u>

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. <u>Derivative Citizenship</u>

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. <u>Adoption of Foreign-Born Child by U.S. Citizen</u>

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. <u>U.S. Citizenship By Marriage</u>

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "<u>Qualified Aliens</u>"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year
- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry
- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant
- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty
- U.S. Citizenship and Immigration Service petition and supporting documentation

b. <u>Nonimmigrant</u>
Evidence of "Nonimmigrant" status includes the following:
- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. <u>Alien Paroled into U.S. for Less than One Year</u>
Evidence includes:
- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

FINGERPRINTING REQUIREMENTS

Fingerprint card(s) must be completed as outlined below and returned to the Department of Fire, Building and Life Safety. NOTE: The Fingerprint card requirement will be waived if you furnish the Department with a copy of the front and back of your current D.P.S. Fingerprint Clearance Card.

A. One set of fingerprints and fee are required for:

1. The Qualifying Party; and
2. The Individual named as Sole Proprietor (or Owner), or
3. Each Partner of a Partnership, or
4. The President, V.P., Secretary and Treasurer of a Corporation, or
5. The Managing Members of a Limited Liability Company, or
6. Each General Partner of a Limited Partnership, or
5. Any person applying for a Salesperson's license.

B. Fees

1. A $22.00 fingerprint processing fee made payable to the Department of Fire, Building and Life Safety shall accompany each returned fingerprint card.
2. The fee shall be paid by exact cash, cashier's check, money order, or other certified funds.
3. **NO PERSONAL CHECKS OR COMPANY CHECKS** will be accepted.

C. Where to be fingerprinted

The fingerprint card(s) may be taken to the nearest law enforcement agency - police department or sheriff's office - at which time you will complete the necessary information and sign the card in the designated space. In addition to the fingerprint processing fee, the agency taking the fingerprints will also charge a fee which will vary according to their requirements.

D. All information must be typed or printed in <u>black</u>. Each block to be completed is given a number and the corresponding number description is outlined below.

1. Full name in all capital letters. If you only have a middle initial, designate (I.O.) (initial only) next to the middle initial; if you do not have a middle name or initial, designate NMI (no middle initial).

Last Name	First Name	Middle Name
DOE	JOHN	JOSEPH

2. Signature of individual being fingerprinted.

3. Complete residence address of the individual being fingerprinted, including apartment number, city, state and ZIP code.

4. Aliases: Other names that may have been used at any time.

5. Date of birth in numbers, such as 7-21-52.

6. Citizenship: The name of the country you are a citizen of: U.S.A. or other citizenship.

7. - 12. Personal description, abbreviated:

Sex	Race	Hgt.	Wgt.	Eyes	Hair
M	W	5'8"	165	BRN	BRN

13. Place of Birth: State <u>City</u> and <u>State</u>.

14. Armed Forces number: Military enlistment number even if it is your social security number.

15. Social security number: Fill in the number even if it's shown in Block 14.

16. Miscellaneous number: Llist any other identifying number.

17. Date and signature of official taking the fingerprints.

E. Taking of fingerprints. The following information **must be followed exactly** or the FBI will **reject the fingerprint card**. You may wish to provide these instructions to the fingerprint official.

1. Have fingerprint official make certain all impressions are taken in proper order, legible, fully rolled nail to nail and classifiable. All data called for is essential.

2. If an amputation or deformity makes it impossible to print a finger, the fingerprint official should make a notation to that effect, (ie. "amp") in the individual finger block. **No** other writing is permitted in the fingerprint blocks.

3. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained. Make sure the fingerprint official does **NOT** stamp "best prints possible" on card.

4. No highlighter can be used on the fingerprint blocks.

5. If the fingerprint image bleeds onto the blue lines or overlaps the borders of that block, the card will be rejected.

6. Fingerprints at the bottom of the page must be straight up and down on the card.

F. Return of fingerprint card

1. WARNING: The fingerprint card(s) cannot be folded or defaced in any manner because they are machine-processed.

2. Return the card with the fingerprint processing fee, in certified fees.

3. The fingerprint card(s) and fee(s) must be returned to the Department of Fire, Building and Life Safety PRIOR to issuance of the Conditional License. The background investigation must be completed before permanent status can be granted.

G. All FBI record searches will be treated as confidential information and will not be disclosed, except as provided by law.

Douglas A. Ducey
Governor

Debra Blake
Interim Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

Due to new Federal regulations, the Department of Fire, Building and Life Safety is required to provide you with the following Important Notice and required to maintain evidence in our files that we have done so before we may submit your fingerprint card to the proper authorities for a background analysis.

Please complete this form and return it to the Department within five (5) business days. Thank you.

IMPORTANT NOTICE:

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation ("FBI"). If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record (if applicable), you can contact the Arizona Department of Public Safety ("DPS") Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

_____
Your Signature

_____
Your Printed Name

State of)
County of)

Dated this _____day of_____, 20____

On this _____day of _____, 20____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

_____ Commission Expires: _____
Notary Public