NEW QUALIFYING PARTY INSTRUCTIONS AND REQUIREMENTS

Each business license shall have one Qualifying Party. "Qualifying Party" means a person who is an owner, employee, corporate officer, member or partner of the licensed business and who has active and direct supervision of and responsibility for all operations of that licensed business. The Qualifying Party shall ensure full compliance with all provisions of the Act in regulating the business of the licensee under Title 41, Chapter 37, Articles 3 and 4, of the Arizona Revised Statutes, and the Rules and Regulations of the Department of Housing ("Department").

The Qualifying Party is required to 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 qualifying party for more than one license in the same classification.

It is the licensee's responsibility to notify the Department within five (5) business days of the disassociation of a qualifying party, including the name of the person who will be temporarily responsible for the operation of the business**.**

The following items must be submitted to the Department:

1. Resignation letter from previous Qualifying Party ("QP") that states the date he or she ceased to be the Qualifying Party for the license OR a letter, signed by a person who is listed under Section D of the Application for License, that states the date the previous Qualifying Party ceased to be the Qualifying Party for the license and that states the name of the person who will be the new Qualifying Party for the license.

2. Certificate of New Qualifying Party

3. Statement of Authorization and Release of Information

4. Fingerprint card and $22.00 fingerprint processing fee in the form of certified funds payable to the Arizona Department of Housing. Personal or company checks will not be accepted for the fingerprint processing fee. *We will waive this requirement if you provide us with a copy of the front and back of your current Level One Fingerprint Clearance Card issued by the Arizona Department of Public Safety.

5. Arizona Statement of Citizenship and Alien Status for State Public Benefits (pages 1 and 2) and provide acceptable evidence of U.S. citizenship or, if not a U.S. citizen, acceptable evidence of the right to live and work in the U.S. Acceptable evidence is outlined in 'Evidence of Citizenship or of he Right to Live and Work in the U.S.' that is posted on our website. If you are a U.S. citizen, the most common form of proof of this is a copy of your current U.S. passport or passport card.

6. Required Notice from F.B.I.

7. Successful completion of the appropriate online dealer or installer license classification test with a score of 80% or better. Manufacturers do not have a testing requirement. New Qualifying Party will be registered to take the appropriate Department online test after that individual has provided the Department with items 1 through 6 listed above. All study materials are the responsibility of the examinee. Dealer/Broker/Retailer examinations will consist of general knowledge of the Arizona Revised Statutes and Rules of the Department of Housing. Links to the Statutes and Rules can be found at our website, https://housing.az.gov/manufactured-housing. No test questions come from the "New Dealer Handbook". Installers will need a general knowledge of the current adopted codes we have listed at our website, https://housing.az.gov/manufactured-housing. Code books may be available at local libraries, the local city or county building departments or book stores. We do not provide code books.

8. The new Qualifying Party for an installer license shall:

a. 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 Housing 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.

b. 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.

The Qualifying Party for an installer license must obtain 3 educational credits each year in order to renew the installer license. A list of the dates and times of training sessions can be found at our website.

ADOH 151 (3-19)

DEPARTMENT OF HOUSING

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

CERTIFICATE OF QUALIFYING PARTY

PLEASE TYPE OR PRINT:

FULL NAME: _____ _____
(DATE OF BIRTH)

ADDRESS: _____
(RESIDENCE ADDRESS)

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

BUSINESS NAME: _____ CLASSIFICATION: _____

I HEREBY CERTIFY THAT I have been appointed to act as the QUALIFYING PARTY for the above-named license issued by the Department of Housing 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 37, Articles 3 and 4, and the Rules and Regulations adopted pursuant thereto by the Department of 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 Department of Housing 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 _____

DEPARTMENT OF HOUSING

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

STATEMENT OF AUTHORIZATION AND RELEASE OF INFORMATION

Your Full Name: _____Date of Birth: _____

Complete Residence Address: _____

Residence Telephone: _____

Business Name Stated 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 Department of 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 Department of 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 Department of 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 Department of 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 Housing

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.

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

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

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

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

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

Q 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))

Q 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))

Q 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

FINGERPRINTING REQUIREMENTS

Fingerprint card(s) must be completed as outlined below and returned to the Department of Housing. NOTE: The Fingerprint card requirement and fingerprint processing fee will be waived if you furnish the Department with a copy of the front and back of your current Level One Fingerprint Clearance Card issued by the Arizona Department of Public Safety.

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
7. Any person applying for a Salesperson's license.

B. Fees

1. A $22.00 fingerprint processing fee made payable to the Arizona Department of Housing shall accompany each returned fingerprint card.
2. The fee shall be paid by 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. What you must take to the official/person taking your fingerprints:

1. Unexpired photo identification
2. Fingerprint Verification Form
3. Mailing envelope for fingerprint card (usually 9x12 or larger)

The Fingerprint Verification Form contains instructions and a section which must be filled out by the fingerprint technician. The instructions tell the fingerprint technician to request a valid, unexpired government-issued photo ID and to compare the physical descriptors on the photo ID to the applicant. Once the applicant has been fingerprinted, the instructions tell the fingerprint technician to place the fingerprint card and the completed Fingerprint Verification Form into the envelope and seal it before returning the envelope to the applicant. The applicant then must mail/deliver the envelope with the seal intact to the Department.

FINGERPRINTING REQUIREMENTS

E. All information must be typed or printed in black. 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 City and State.

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: List any other identifying number.

17. Date and signature of official taking the fingerprints.

F. 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 technician.

1. Have fingerprint technician 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, (i.e. "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.

G. Return of fingerprint card

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

2. Card must be returned in 9x12 (or larger) mailing envelope that was sealed by the fingerprint technician. The fingerprint technician may not give the applicant the card without first sealing it inside the envelope.

3. The fingerprint card(s) and fee(s) must be returned to the Department of Housing. The background investigation must be completed before permanent status can be granted to any conditional license that is issued.

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

Rev (8-17)

FINGERPRINT VERIFICATION FORM

ATTENTION FINGERPRINT TECHNICIAN:
Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.

2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.

3. Fill out the information in the boxes below. Please print clearly.

4. Once the prints have been taken, place the fingerprint card and this form into the envelope provided by the applicant and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. *Do not give the applicant the card without first sealing it inside the envelope.*

PRINT the following information:

Date Fingerprints Taken
Name of Applicant Fingerprinted
Fingerprint Technician's Agency/Company Name
Type of Photo ID provided by applicant (check one) _____ Driver's License/MVD issued ID _____ Other (please specify on line below) _____ Passport _____

DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
(602) 364-1003 WWW.AZHOUSING.GOV FAX: (602) 771-1002

Due to new Federal regulations, the Department of Housing 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