STATE OF ARIZONA
DEPARTMENT OF HOUSING
P.O. BOX 6280
PHOENIX, ARIZONA 85005-6280
602-771-1000   FAX: 602-771-1002

SALESPERSON LICENSE RENEWAL FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NUMBER: _____

DO NOT DESTROY THIS DOCUMENT -- THIS IS YOUR LICENSE RENEWAL FORM. YOUR LICENSE WILL BE RENEWED ONLY WHEN THIS FORM IS FULLY COMPLETED AND RETURNED TO THIS DEPARTMENT WITH THE REQUIRED NONREFUNDABLE FEE. The yearly fee for your license renewal is: $103.00. This fee MUST be paid PRIOR to your renewal date or the fee will be 125% of the regular annual fee or $128.75. No exceptions can be allowed for a LATE RENEWAL. *License can only be late renewed up to one year from the date it is non-renewed. **Make checks payable to Arizona Department of Housing. Mail completed form and your payment to the P.O. Box stated above.

Your Annual Renewal Certificate EXPIRES on: _____

All questions listed below MUST be answered either (YES) or (NO).
*A (YES) answer to any question requires an attached statement giving complete details.

Since your last renewal:

1. Have you been detained, cited, arrested, indicted or summoned into court for a felony? YES ☐ NO ☐

2. Have you been convicted of a felony which remains a part of your record or, have you been pardoned or had your criminal record expunged? YES ☐ NO ☐

3. Has anyone obtained a judgment against you in any civil action, the subject of which involved fraud or misrepresentation? YES ☐ NO ☐

4. Has any governmental agency (excluding this agency) issued a disciplinary action against you or your license? YES ☐ NO ☐

5. Are you currently employed by a dealer? YES ☐ NO ☐

    If "YES", provide your employing dealer's name: _____

    and dealer license number: _____

The LICENSED SALESPERSON must sign this document.

SIGNATURE OF LICENSEE: _____ DATE: _____

PRINTED NAME OF LICENSEE: _____

NOTE: RENEWAL IS YOUR RESPONSIBILITY! IF YOU HAVE HAD A CHANGE OF CITIZENSHIP SINCE YOUR LAST RENEWAL, YOU MUST PROVIDE US WITH PROOF YOU HAVE THE RIGHT TO LIVE AND WORK IN THE UNITED STATES.

For Office Use Only
Receipt # _____
Amount _____
Check # _____
Received _____