

## SALESPERSON LICENSE CHECKLIST

- All licensing requirements must be **completed within ninety (90) days from the date that we receive your application, licensing fee, and 'no refund' policy.** Failure to complete the licensing requirements within (90) days will result in **forfeiture of fees and termination of your application.**
- Documents must be typed or plainly printed with BLACK ink only.
- No license will be issued prior to completing and submitting **ALL** requirements.
- All fees submitted for licensure are **nonrefundable.** The Refund Policy and Certification Form must be signed and returned with the completed application and applicable fees before the Department will review your application.

\_\_\_\_\_ Application properly completed and applicant's signature notarized

- Make sure that the Qualifying Party for the employing dealer has signed where required on page 1 of the application. You, the applicant, are not the Qualifying Party.
- Ensure that you have provided your full legal name. If you do not have a middle name, write "N/A". List middle name if you have one.
- Employing dealer/broker address: Enter the address of the licensed location from which you will be working on behalf of your employing dealer. If not a licensed location, no license will be issued until you correct this information to reflect a properly licensed address or until your employing dealer has been issued a branch license for the address stated on your application.

\_\_\_\_\_ Attachment A: Complete this form ONLY if you are a first-time applicant for a license with the Department AND ONLY if you are seeking a waiver of the salesperson license fee pursuant to A.R.S. § 41-1080.01 that states that any agency shall waive any fee charged for an initial license for any individual applicant whose family income does not exceed 200% of the Federal Poverty Guidelines if the individual is applying for that specific license in this State for the first time.

\_\_\_\_\_ Notice of New License Application Fee Waiver for Income Qualified Applicants: If a first-time applicant for a license with the Department and seeking a waiver of the salesperson license fee pursuant to A.R.S. § 41-1080.01, you must complete the information requested in 'Optional Fee Waiver for Low Income Applicants' and return this completed and signed form to the Department when applying for salesperson license.

\_\_\_\_\_ Supplemental Information for License Application *\*Complete and return this form ONLY if it applies to you.*

\_\_\_\_\_ Agreement for Conditional License properly completed and applicant's signature notarized

\_\_\_\_\_ Refund Policy and Certification Form properly completed and signed by applicant

- \_\_\_\_\_ Arizona Statement of Citizenship and Alien Status for State Public Benefits
- Complete pages 1 and 2 of this form and return with a legible copy of acceptable evidence that you have the right to live and work in the U.S.
  - Most common forms of proof are:
    - a. U.S. passport or passport card,
    - b. Birth certificate *\*IF female applicant and last name is different than that listed on your birth certificate, you must provide acceptable photo ID to evidence the last name you have stated on your application.*
    - c. An Arizona driver's license issued after 1996 *\*A driver's license issued by another State is not stand alone evidence that you have the right to live and work in the U.S. and to hold a license issued by a State of Arizona agency; therefore, you would have to provide an additional item of proof such as a copy of your birth certificate.*
- \_\_\_\_\_ Fingerprints as described in the Fingerprinting Requirements OR copy of the front and back of your current Level One Fingerprint Clearance Card issued by the Arizona Department of Public Safety
- Fingerprints must be on a standard stock fingerprint card (which is blue-lined).
  - Fingerprint technician must seal your fingerprint card and the completed Fingerprint Verification form in an envelope before returning the envelope to you. The fingerprint technician must write his/her name or identification across the edge of the sealed envelope before returning it to you. *Do not break the sealed envelope.*
- \_\_\_\_\_ Salesperson licensing and background fees
- Personal or company check for \$206.00 (license fee) made payable to the Department of Housing **\*DO NOT SEE LICENSE FEE IF YOU ARE SEEKING WAIVER OF LICENSE FEE.**
  - Money order or cashier's check for \$22.00 (background processing fee) made payable to the Department of Housing
  - Or money order or cashier's check for \$228.00 (license and background processing fees combined) made payable to the Department of Housing
  - Do NOT pay/submit the \$22.00 background processing fee if you are submitting a copy of your current/valid Level One Fingerprint Clearance Card in lieu of the fingerprint card. The \$22.00 fee is only required if you are submitting a fingerprint card for background analysis.
  - DO NOT SEND CASH.

**COMPLETED LICENSING PACKET AND FEES ARE TO BE MAILED TO:**  
**Arizona Department of Housing**  
**P.O. Box 6280**  
**Phoenix, AZ 85005-6280**



STATE OF ARIZONA  
DEPARTMENT OF HOUSING

ADDRESS: 1110 WEST WASHINGTON, SUITE 280, PHOENIX, AZ 85007  
MAILING ADDRESS: P.O. BOX 6280, PHOENIX, AZ 85005-6280

APPLICATION FOR SALESPERSON'S LICENSE

(PRINT WITH BLACK PEN OR TYPE)

Full Legal Name (including Middle Name): \_\_\_\_\_

LAST

FIRST

FULL MIDDLE NAME

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Email: \_\_\_\_\_

RESIDENCE ADDRESS CITY COUNTY STATE ZIP PHONE NUMBER

MAILING ADDRESS (STREET ADDRESS OR P.O. BOX) CITY COUNTY STATE ZIP

Former Names/Aliases: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Gender: Male ☐ Female ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Employing dealer/broker business name: \_\_\_\_\_ Dealer License No. \_\_\_\_\_

Employing dealer/broker address: \_\_\_\_\_ Dealer Phone No. \_\_\_\_\_

Qualifying Party's signature \_\_\_\_\_

Indicate where you have resided for the past three years beginning with current address (Attach additional sheet if necessary):

FROM Mo./Yr.	TO Mo./Yr.	RESIDENCE Street Address	City	County	State	Zip Code

Employment History or Business engaged in during the past three years. Beginning with current employment –If unemployed, so state.  
(Attach additional sheet if necessary):

FROM Mo./Yr.	TO Mo./Yr.	Employer's Name/Name of Business	(Give Street Address, City, State, and Zip Code)

APPLICANTS DO NOT WRITE BELOW THIS LINE

Date Filed: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Fee: \_\_\_\_\_

License No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Please answer all of the following questions by checking "Yes" or "No".

1. Have you ever been detained, cited, arrested, indicted or summoned into court for a felony? ☐ Yes ☐ No
2. Have you ever been convicted of a felony which remains a part of your record or has been pardoned or expunged? ☐ Yes ☐ No
3. Have you ever had a business or professional license rejected, denied, revoked or suspended in this or any other state? ☐ Yes ☐ No
4. Has anyone ever obtained a judgment against you in any civil action, the subject of which involved fraud or misrepresentation? ☐ Yes ☐ No
5. Are you a citizen of the United States? If you are, 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. ☐ Yes ☐ No

A "YES" answer to questions 1, 2, 3, and/or 4 requires that you attach a signed statement giving complete details and provide copies of court documents. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license.

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_) §§

I, \_\_\_\_\_, being first duly sworn upon oath, hereby depose, swear and  
PRINTED NAME OF APPLICANT

declare under penalty that I am the applicant making the foregoing application that said application has been read, and that the contents thereof and all statements contained therein are true, correct and complete.

I do hereby consent to having an inquiry made as to 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 or any of its agents or representatives to inspect and make copies of documents, records and other information.

I hereby release, discharge and exonerate the Arizona 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.

\_\_\_\_\_  
Applicant's Signature

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_

*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."*

*NOTICE: Pursuant to A.R.S. § 41-1093.01, "An agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern." Pursuant to A.R.S. § 41-1093.02 and 1093.03, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with A.R.S. § 41-1093.01.*

(Rev. 11-19)

ATTACHMENT A

1. TAXPAYER INFORMATION

Taxpayer Name:

Social Security Number

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Spouse's Name (if applicable)

Spouse's Social Security No.

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Filed Arizona Tax Return for tax year

\_\_\_\_\_ 2018

\_\_\_\_\_ 2019

I hereby certify that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the above-mentioned Taxpayers for the years selected above to Arizona Department of Housing for the purpose of determining whether I qualify for a license fee waiver.

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SIGNATURE

DATE

---

SIGNATURE

DATE

---

PRINT NAME

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PRINT NAME

## NOTICE OF NEW LICENSE APPLICATION FEE WAIVER FOR INCOME QUALIFIED APPLICANTS

As a result of Housing Bill 2372, Arizona Revised Statute § 41-1080.01 is effective on **August 9, 2017**. The new language reads as follows:

41-1080.01. Licensing fees; waiver; definitions

**A.** EXCEPT FOR AN INDIVIDUAL WHO APPLIES FOR A LICENSE PURSUANT TO TITLE 36, CHAPTER 4, ARTICLE 10 OR CHAPTER 28.1, AN AGENCY SHALL WAIVE ANY FEE CHARGED FOR AN INITIAL LICENSE FOR ANY INDIVIDUAL APPLICANT WHOSE FAMILY INCOME DOES NOT EXCEED TWO HUNDRED PERCENT OF THE FEDERAL POVERTY GUIDELINES IF THE INDIVIDUAL IS APPLYING FOR THAT SPECIFIC LICENSE IN THIS STATE FOR THE FIRST TIME.

**B.** FOR THE PURPOSES OF THIS SECTION, "AGENCY" AND "LICENSE" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 41-1080.

Here is the link to the federal poverty guidelines: <https://aspe.hhs.gov/poverty-guidelines>

The charts below apply to Arizona:

2019 Federal Poverty Eligibility Guidelines (for use with the 2018 tax return)		2020 Federal Poverty Eligibility Guidelines (for use with the 2019 tax return)	
Household Size	200% of Poverty Level	Household Size	200% of Poverty Level
1	\$24,980	1	\$25,520
2	\$33,820	2	\$34,480
3	\$42,660	3	\$43,440
4	\$51,500	4	\$52,400
5	\$60,340	5	\$61,360
6	\$69,180	6	\$70,320
7	\$78,020	7	\$79,280
8	\$86,860	8	\$88,240
Each additional member	\$8,840	Each additional member	\$8,960

### OPTIONAL FEE WAIVER FOR LOW INCOME APPLICANTS

☐ By checking this box, I voluntarily: 1.) attest that to the best of my knowledge and belief, my family income does not exceed two hundred percent of the [federal poverty level](#)<sup>1</sup>; 2.) confirm that I have filed an Arizona income tax return in at least one of the two preceding years; and 3.) authorize the Arizona Department of Revenue to disclose confidential information to the Arizona Department of Housing to verify that my family's reported income meets the requirements for a fee waiver pursuant to A.R.S. Title 41, Chapter 6, Article 7.2 upon receipt of the following information:

*First Name*

*Last Name*

*Social Security Number*

*Year of Most Recent  
Arizona Tax Return*

I acknowledge that if I am deemed ineligible for the fee waiver, I must pay the required licensing fee within 30 days. I further acknowledge that my conditional license will be automatically revoked by the Arizona Department of Housing if I do not pay the required fee within 30 days after notice of ineligibility.

X Applicant Signature Required

- An applicant from out of state who claims eligibility for the fee waiver must provide the Department with a copy of his or her federal tax return for at least one of the two preceding years to confirm the applicant's family income status.
- An applicant who is a resident of this State who claims eligibility for the fee waiver, but who does not file tax returns, must provide the Department with any one of the following (which are accessible online) that was issued to the applicant as the primary beneficiary within the last 12 months to confirm the applicant's family income status:
  1. AHCCCS Initial Eligibility Letter
  2. AHCCCS Renewal Letter
  3. TANF Initial Eligibility Letter
  4. TANF Renewal Letter
  5. SNAP Initial Eligibility Letter
  6. SNAP Renewal Letter



## DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280

PHOENIX, ARIZONA 85007

(602) 771-1000 [WWW.AZHOUSING.GOV](http://WWW.AZHOUSING.GOV) FAX: (602) 771-1002

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).

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Signature

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Date

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Name of Applicant \*

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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.





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### AGREEMENT FOR CONDITIONAL LICENSE

This agreement is entered into between the Department of Housing ("Department") and \_\_\_\_\_ (Applicant's Name) subject to terms and conditions as hereinafter set forth and pursuant to A.R.S. § 41-4026 (B), (C), and (D).

Upon completion of all other requirements, the Department 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 37, Articles 3 and 4, 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](http://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](http://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.

\_\_\_\_\_  
Notary Public Signature

Commission Expires: \_\_\_\_\_



## DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280

PHOENIX, ARIZONA 85007

(602) 771-1000 [WWW.AZHOUSING.GOV](http://WWW.AZHOUSING.GOV) FAX: (602)-771-1002

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: \_\_\_\_\_

**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.

- ☐ 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**

## FINGERPRINTING REQUIREMENTS

Fingerprint card(s) must be completed as outlined below and returned to the Department of Housing.

NOTE: The Fingerprint card requirement 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 9 x 12 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:

<u>Sex</u>	<u>Race</u>	<u>Hgt.</u>	<u>Wgt.</u>	<u>Eyes</u>	<u>Hair</u>
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.

## FINGERPRINTING REQUIREMENTS

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 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 (6/19)

# 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      _____