DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 W. WASHINGTON, SUITE 100
PHOENIX, AZ 85007
(602) 364-1003 OFFICE
(602) 364-1063 FAX
www.dfbls.az.gov

CERTIFICATE ORDER APPLICATION

Company Name and Mailing Address of Licensee:

_____

_____

_____

TYPE OF CERTIFICATE ORDERED		
DESCRIPTION	**FEE**	**QTY**
Installation Certificate ☐ Residential Use ☐ FBB Commercial Use	$10.00 each	
Modular Manufacturer Certificate	$51.00 each	
Reconstruction Certificate	$51.00 each	
Total Amount		

License Number:_____ **Classification:**_____ **Telephone:**_____

Email: _____

Qualifying Party Name:_____
(Certificates can ONLY be issued to the Qualifying Party or Corporate Officer of the license)

Mailing Preference:

☐ **Mail** ☐ **Pickup** ☐ **FedEx** ☐ **Other**_____

Account Number: _____

A Certificate Report is required to be submitted to the Department by:

Installer **15th of each month**
Manufacturer **5th of each month**

Visit our website to acquire Certificate Report form: www.dfbls.az.gov

FOR OFFICE USE ONLY
Receipt No:
Check No:
Amount:
Date Issued:
Order filled by:

CERTIFICATE SERIAL NUMBER(S) ASSIGNED: *(Section below is for office use only, please leave blank)*