



**DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY**

1110 WEST WASHINGTON, SUITE 100  
PHOENIX, ARIZONA 85007  
(602) 364-1003  
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**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 OFFICE WITH THE REQUIRED NONREFUNDABLE FEE.

Your Annual Renewal Certificate EXPIRES on: \_\_\_\_\_

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.

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 (including 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	_____