

PHOENIX OFFICE
1700 W. WASHINGTON ST. STE. 105
PHOENIX, AZ 85007-2812
(602) 542-1525 or AZ TOLL-FREE
1-877-MY AZROC (1-877-692-9762)



ARIZONA REGISTRAR of CONTRACTORS

REQUEST FOR AFFIDAVIT

I REQUEST AN AFFIDAVIT ON THE FOLLOWING COMPANY(S) OR PERSON(S).

A REQUEST FOR AN AFFIDAVIT IS A \$10.00 MINIMUM FEE. AN ADDITIONAL \$10.00 WILL BE CHARGED FOR EVERY HOUR OVER THE FIRST HOUR OF PROCESSING.

MAIL TO: P.O. BOX 6748, Phoenix, AZ 85005-6748

PLEASE TYPE OR PRINT IN INK:

Name of Individual: _____

Company Name: _____

License Number(s): _____

This affidavit is requested for the following purpose or to show that: _____

I request the following information to be included in the affidavit if possible: _____

SIGNATURE: _____ DATE: _____

PRINT NAME OF

SIGNER: _____

Mailing Address: _____ Phone: _____

I wish the affidavit to be mailed to the above address.

I wish to pick up the affidavit when ready.