Inspector License Renewal Form

NAME: LAST FIRST MIDDLE INITIAL (PLEASE PRINT CLEARLY)	I HEREBY CERTIFY THAT THE INFORMATION PRESENTED IS TRUE & CORRECT. I AGREE TO ABIDE BY THE RULES, REGULATIONS & LAWS OF THE STATE OF ARIZONA, ARIZONA REVISED STATUTES SECTION 49-541, et. seq. SIGNATURE DATE

HOME ADDRESS: (IF ADDRESS HAS CHANGED-PLEASE CHECK) ☐	CITY	ZIP+4	HOME CELL PHONE

FLEET #	EMPLOYER (IF MORE THAN ONE –USE BACK OF CARD)	CITY	ZIP	WORK PHONE
	NAME: ADDRESS:			

TYPE OF LICENSE REQUESTED: (√One)	A ☐	C ☐	CF ☐	FD ☐	CFD ☐

E-Mail Address:_____

Work Hours and Work Days are:_____

NEW_____ **DO NOT WRITE IN THE SECTION BELOW-FOR OFFICIAL USE ONLY**

LICENSE #	EXPIRATION DATE	Initial Test Date		APPT/Renewal

LICENSE PROCESSING

Complete License Renewal Application Form and sign it. Scan or e-mail to the following;

Phoenix: phxveifleettesting@azdeq.gov.

CC your compliance officer - Johnny Doetzer - jd8@azdeq.gov, Mark Yaple - mry@azdeq.gov, Mike Ybarra - mly@azdeq.gov.

Tucson: TUCVEIFLeettesting@azdeq.gov

License renewal can be done 30 days prior to your expiration date.

ADDITIONAL EMPLOYER (Please check –if you are employed by more than one fleet and enter employer information below) ☐

CHANGE IN EMPLOYER INFORMATION **DATE OF CHANGE:**

FLEET #	EMPLOYER	CITY	ZIP	WORK PHONE
	NAME: ADDRESS:			