

NAME: <u> </u> <u> </u> <u> </u> <u> </u> (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.					
HOME ADDRESS: (IF ADDRESS HAS CHANGED-PLEASE CHECK) <input type="checkbox"/>				CITY	ZIP+4	HOME __CELL PHONE__			
SIGNATURE _____									
FLEET #	EMPLOYER (IF MORE THAN ONE -USE BACK OF CARD)			CITY	ZIP	WORK PHONE			
	NAME:								
	ADDRESS:								
TYPE OF LICENSE REQUESTED: (√One)				RT__	A__	C__	CF_____	FD_____	CFD_____
E-Mail Address: _____						Is cell phone # entered above text capable? _____			
Work Hours and Work Days are: _____									
NEW _____ DO NOT WRITE IN THE SECTION BELOW-FOR OFFICIAL USE ONLY									
LICENSE #	EXPIRATION DATE	Initial Test Date		Class #		Walk-In/Appt			
Agent	Non-Diesel Cert	Non-Diesel Inspector		Diesel Cert		Diesel Inspector			
LICENSE PROCESSING									
MAILED BY: _____		DATE: _____		HAND-DELIVERED <input type="checkbox"/>		DATE _____		RECIPIENT'S INITIALS _____	

Current Exp Date _____

ADDITIONAL EMPLOYER (Please check -if your are employed by more than one fleet and enter employer information below) <input type="checkbox"/>					
CHANGE IN EMPLOYER INFORMATION			DATE OF CHANGE:		
FLEET #	EMPLOYER		CITY	ZIP	WORK PHONE
	NAME:				
	ADDRESS:				

ADDITIONAL EMPLOYER (Please check -if your are employed by more than one fleet and enter employer information below) <input type="checkbox"/>					
CHANGE IN EMPLOYER INFORMATION			DATE OF CHANGE:		
FLEET #	EMPLOYER		CITY	ZIP	WORK PHONE
	NAME:				
	ADDRESS:				

TESTING INFORMATION: APP REJECTED ON _____				FAILED NON-DIESEL__ DIESEL__ CERTIFICATION			