



**CONFIDENTIAL INTERMEDIARY PROGRAM  
APPLICATION FOR RENEWAL TYPE: INACTIVE  
2024-2026 CERTIFICATION PERIOD**

Renewal Type: **Inactive**

<b>Applicant Information:</b>		
Legal Last Name:	Legal First Name:	MI:
Home Physical Street Address (not a P.O. Box):		
City:	State:	Zip:
Home Mailing Address, if different:		
City:	State:	Zip:
Home Telephone Number:	Home Fax Number:	Cell Phone Number (if any):
Email Address:		
List other names used:		

Office Use Only: Check or Money Order # \_\_\_\_\_

Amount \$ \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Background Information:**

**DO NOT** answer “Yes” if you have only civil traffic violations. **Regarding criminal matters**, the fact that you entered into a plea bargain or pled “no contest” or that a conviction has been vacated, pardoned, expunged, dismissed, or appealed does not mean that you may answer the question “No.” You **MUST** answer “Yes.

**Since you last renewed** or received your initial certification:

Have you committed material misrepresentation, omission, fraud, dishonesty, or corruption in applying for a certificate or on a certificate examination in this state or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you committed any act constituting material misrepresentation, omission, fraud, dishonesty, or corruption in business or financial matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had conduct showing incompetence or a source of injury and loss to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted by final judgment of a felony, regardless of whether civil rights have been restored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted by final judgment of a misdemeanor, regardless of whether civil rights have been restored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a professional or occupational license or certificate denied revoked, suspended or any disciplinary action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a professional or occupational license or certificate censured, placed on probation, or any disciplinary action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been terminated, suspended, placed on probation, or other disciplinary action taken in past or present employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been found civilly liable in an action involving misrepresentation, material omission, fraud, misappropriation, theft, or conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you violated any decision, order, or rule issued by a professional regulatory entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you violated any order of a court, judicial officer, administrative tribunal, or the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a false or misleading statement or verification in support of an application for a certificate filed by another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a false or misleading oral or written statement to division staff or the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you failed to disclose information on the certification application subsequently revealed through a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you failed to respond or furnish information to division staff or the Board when the information is legally requested and is in your control or is reasonably available to you and pertains to certification or investigative inquiries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a defendant or respondent in civil proceedings <b>(including but not limited to</b> orders of protection, bankruptcy, lawsuits, debt collection, etc.)? If so, provide the details, including the case name and number, a copy of the original complaint, and a copy of the final disposition with your application. Do not disclose domestic relations matters other than protective orders naming you as a defendant or respondent.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any question in the above section:

Please attach an Affirmation to this application which provides an explanation of the events and provide all associated documentation. If applicable, also provide court documents including a copy of the docket, complaint, answer, and final disposition.

Failure to provide an Affirmation may result in the delay of processing your application for renewal, expiration of your certificate, or denial of your application for renewal. All written statements and documentation should accompany your application.

Pursuant to Arizona Code of Judicial Administration § 7-201(E)(3)(c), failure to provide or fully disclose information may result in denial of the renewal application or other disciplinary action.

**By checking this box, I agree to the following:**

***I certify under penalty of perjury that all information contained in my application, including supporting documents, are true and correct to the best of my knowledge and belief. I understand that any false statements, misrepresentations or failures to disclose (omissions) made in this application may be grounds for denial of certification, subsequent suspension or revocation of certification or other disciplinary action deemed appropriate by the Board.***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**

## **AUTHORIZATION, RELEASE AND AFFIRMATION STATEMENT**

Having submitted an application, I consent to having an investigation made of my professional reputation and fitness for professional licensure or certification. I agree to provide any further information that may be required regarding my past or current record.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information including documents, records, charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, to permit the Certification and Licensing Division, or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I release, discharge, and exonerate the Certification and Licensing Division, the Arizona Supreme Court's regulatory boards and committees, all agents and representatives, the State of Arizona, and any person furnishing information pursuant to this Authorization and Release from all liability which may arise from the investigation made by the Certification and Licensing Division, all agents and representatives.

I understand omission or misrepresentation of any fact required to be disclosed in this application or any accompanying statement is grounds for denial of renewal of a license or certificate and for disciplinary action, including revocation of a license or certificate.

I acknowledge that I have read this form and that all statements are true and complete to the best of my knowledge and belief and that my authorization and release are freely given.

I have read and reviewed Arizona Code of Judicial Administration (ACJA) § 7-201 and the section governing my profession, as adopted by the Arizona Supreme Court, and I agree to abide by the ACJA.

I understand a renewal application filed after the licensure or certification period expires is subject to an additional fee and that fees are NON-REFUNDABLE.

I affirm that the above statements are true and correct.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date