



ADMINISTRATIVE OFFICE OF THE COURTS
CERTIFICATION AND LICENSING DIVISION

Address Change and Public Directory Opt-in Form [ ] Original [ ] Revised

This form allows license and certificate holders to opt-in to have specific contact information included in the public online directory the Certification and Licensing Division (CLD) maintains under the Arizona Code of Judicial Administration.

Name of Individual Licensee / Certificate Holder: \_\_\_\_\_

Name of Business Licensee / Certificate Holder: \_\_\_\_\_

Print

Select One:

- Please include only my Individual and/or Business Name in the public online directory.
Please include my Individual and/or Business Name in the public online directory and the following:
(Only provide information you want included in the directory; leave other sections blank)

Certification or License #: \_\_\_\_\_

Counties Served: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby authorize CLD to publish the information specified above in a public online directory.

Signature of Licensee / Certificate Holder or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Please check the Program associated with your license or certification:

- Alternative Business Structure, Defensive Driving School OR Instructor, Legal Paraprofessional, Certified Court Reporter, Fiduciary, Private Process Server, Confidential Intermediary, Legal Document Preparer

CLD staff may contact me at (select one): [ ] Same as above [ ] See below (not for publication)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_