



**ADMINISTRATIVE OFFICE OF THE COURTS
CERTIFICATION AND LICENSING DIVISION**

Non-Renewal Notification Form

Please complete this form if you are not submitting a renewal application. Email the completed form to: CLD1@courts.az.gov.

Name of Program Related to your Certification or License: _____

Name: _____ Business Name: _____
Print Full Name Print Name

Certification or License #: _____ Expiration Date: _____

Phone #: _____ Email: _____

Business or Mailing Address: _____

City: _____ State: _____ Zip code: _____

Website: _____

*If you are a Defensive Driving School please include:

School Name: _____ School Number: _____

*By signing, you understand that your certification or license will expire per the applicable ACJA section, and you agree to cease and desist all services related to your certification or license by the expiration date of your certification or license.

Sign

Date