Planning & Development Department

CONTACT SUPPLEMENTAL

Complete applicable sections below.

TRACKING NUMBER:	

LICENSED CONTRACTOR VERIFICATION				
Verify that you are a licensed contractor under ARS Title 32, Chapter 10, Article 2 by providing information below.				
LICENSE NUMBER AND CLASS:	NUMBER CLASS	TRUST ACCOUNT NUMBER:		
TYPE OF LICENSE: Check one:	Architect ☐	Contractor ☐	Developer ☐	Engineer ☐
COMPANY NAME:				
STREET ADDRESS:				
CITY/STATE/ZIP:				
MAILING ADDRESS: (If different from above)				
CITY/STATE/ZIP:				

CONTACT PERSON 1:	TITLE:
PHONE NUMBER: ( )	ALTERNATE PHONE: ( )
CONTACT PERSON 2:	TITLE:
PHONE NUMBER: ( )	ALTERNATE PHONE: ( )
FAX NUMBER: ( )	E-MAIL:

AGENT/CONTACT INFORMATION	
BUSINESS NAME:	
ADDRESS:	
CONTACT PERSON 1:	TITLE:
PHONE NUMBER: ( )	ALTERNATE PHONE: ( )
CONTACT PERSON 2:	
PHONE NUMBER: ( )	ALTERNATE PHONE: ( )
FAX NUMBER: ( )	E-MAIL: