

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS BEHAVIOR ANALYST APPLICATION FOR LICENSURE

GENERAL INSTRUCTIONS AND INFORMATION

An application form for licensure as a behavior analyst by the Arizona Board of Psychologist Examiners (Board) is enclosed. Please read the enclosed materials very carefully as lack of familiarity with the requirements may cause delays in the application process. **APPLICANTS SHOULD CALL THE BOARD OFFICE PRIOR TO SUBMITTING APPLICATION FORMS TO VERIFY THAT THE FORMS AND FEES ARE STILL CURRENT**. IF AN OUTDATED FORM IS RECEIVED, THE APPLICANT WILL BE REQUIRED TO COMPLETE AND SUBMIT A CURRENT APPLICATION. The current application revision date is listed on the Board's website under this application's link.

Board staff will verify your BCBA® certification using the online BACB® Registry.

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

1. Check or Money Order in the amount of \$350 made payable to the Board of Psychologist Examiners;
2. Application for Licensure with any required supporting documentation;
3. Mandatory Confidential Information form (non-public information);
4. Completion of the Arizona Statement of Citizenship and Alien Status form accompanied by copy of ID from the evidence list (enclosed);

All of the documents listed below may be EMAILED to kathy.fowkes@psychboard.az.gov by the appropriate entities, NOT the applicant. **DO NOT include the below documents with your application.**

5. Verification of 1,500 hours of supervised experience via **EITHER** BACB® Experience Verification Form(s) sent directly to the Board by the training program administrator/supervisor, **OR** Arizona's Supervised Training Experience or Independent Fieldwork Verification form sent directly to the Board by the training program administrator or supervisor. The Arizona form is in this packet;
6. Official transcripts from all graduate institutions attended, sent directly to the Board by the university/college. Digital transcripts are acceptable if they can be authenticated; and
7. Verification of license in other jurisdictions, if applicable, sent directly to the Board by the appropriate jurisdiction.

It is the applicant's responsibility to contact information sources to verify that materials have been sent. Board staff do not fax application documents to information sources. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines that the applicant is attempting to meet. Applications must be administratively complete in order to be scheduled on the Board agenda. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. The Board provides the applicant one *Notice of Deficiency* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at kathy.fowkes@psychboard.az.gov to check the status of the application file.

STATUTES AND RULES

A free copy of the Board's Statutes and Rules (rules governing behavior analysts) are available on the Board's website <https://psychboard.az.gov>. To obtain a hard copy of the Board's Statutes and Rules, please send a check or money order for \$5.00 to the Arizona Board of Psychologist Examiners. Please write "Statutes and Rules" in the memo section of the check.

CONTACTING THE BOARD

Kathy Fowkes, Licensing Specialist
Direct Phone: (602) 542-8161
Fax: (602) 926-8095
Email: Kathy.Fowkes@psychboard.az.gov
Website: <https://psychboard.az.gov>

Mailing Address:
Arizona Board of Psychologist Examiners
1740 W. Adams Street, Suite 3403
Phoenix, AZ 85007

NOTICE FOR AMERICANS WITH DISABILITIES

Title II of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability. Persons with disabilities may request reasonable accommodations by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for accommodations. Documents may be made available in alternative format by contacting the Board.

NOTICE

With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

NOTICE

Pursuant to Section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with Section 41-1093.01, Arizona Revised Statutes.

FEE SCHEDULE

License Application	\$350.00
Initial License (After Approval)	\$500.00 (Prorated, \$ 20.833 per month)
Biennial Active Renewal	\$500.00
Biennial Inactive Renewal	\$ 85.00
Reinstatement	\$200.00

Statutes & Rules-Printed	\$5.00
Duplicate Renewal Receipt/Wallet Card	\$5.00
Duplicate 8/12 x 11 Commemorative Wall Certificate	\$25.00
Verification of Licensure	\$2.00

Fees may be paid by personal check or money order submitted to and made payable to the AZ Board of Psychologist Examiners. To pay the application fee via credit/debit card, please submit your application (preferably by email) and let staff know you wish to pay the application fee online. Staff must enter the application into the system before you can register and pay the application fee.

GENERAL INFORMATION

(Please print or type)

This information is considered public. Please provide residential/confidential information on Mandatory Confidential Information form, enclosed.

1.	Full Name:							
Other Names Used (currently or in the past):								
Business Address:		Street:						
		City:			State:		Zip:	
Work Phone:		()	Ext.:	Work Fax:	()			
Work Email:								
Gender:		<input type="checkbox"/> Female		<input type="checkbox"/> Male				
2.	If you become licensed in Arizona, please specify which address and telephone number you want listed in the agency directory.					Home	Business	
3.	At which address would you like to receive correspondence?					Home	Business	
4.	Are you on active duty in the military?					Yes	No	
5.	Are you or have you been licensed or certified as a behavior analyst in any regulatory jurisdiction (e.g., State or Territory) in the US or any other country? If yes, list jurisdiction(s) and license numbers(s): _____ _____					Yes	No	
6.	Are you certified as a behavior analyst by the Behavior Analyst Certification Board (BACB®)? If yes, please send the Request for Verification of Certification to the BACB® and provide original certification date: Certification Date: _____					Yes	No	
7.	If you are not certified by the BACB®, have you ever taken the BACB® examination for certification as a behavior analyst? If yes, please complete the Verification of Results of Examination form and provide examination date: Date of Exam: _____					Yes	No	N/A
8.	Are you licensed or certified in any other field(s) or profession(s)? If yes, please provide the name of the profession(s), jurisdiction(s), and license number(s): _____					Yes	No	
IF ANSWERING "YES" TO ANY QUESTIONS BELOW, PLEASE ATTACH EXPLANATION ON A SEPARATE SHEET OF PAPER								
9.	Have you ever had a professional license, certification or registration refused, revoked, suspended or restricted in any regulatory jurisdiction of the U.S. or in another country?					Yes	No	
10.	Have you ever voluntarily surrendered a license, certification, or registration in another regulatory jurisdiction in the U.S. or another country while under investigation for reasons that relate to unprofessional conduct or in lieu of disciplinary proceedings?					Yes	No	

11.	Have you ever had a complaint, allegation or investigation in another regulatory jurisdiction in the US or another country that relates to unprofessional conduct against your professional license, certification or registration?	Yes	No	
12.	Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or misdemeanor other than a minor traffic offense or ever entered into a diversion program in lieu of prosecution, including any convictions that have been expunged, pardoned, or deleted? (PLEASE NOTE: a DUI is not a minor traffic offense and is required to be reported.) (If yes, please include the status of the resolution, and expected resolution date).	Yes	No	
13.	Have you ever been sued or prosecuted for an act or omission relating to your practice as a behavior analyst, or your work in another profession?	Yes	No	
14.	Have you ever been involuntarily terminated or have you resigned in lieu of termination from any behavioral health position or related employment?	Yes	No	

15. GRADUATE EDUCATION AND BEHAVIOR ANALYST CERTIFICATE OR VERIFIED COURSE SEQUENCE:

Name of University, College or Institute of Higher Learning:			
City and State:			
Matriculation Date:		End/Graduation Date:	
Degree Earned:			
Name of Dept:			
Major Subject Area:			
Name of University, College or Institute of Higher Learning:			
City and State:			
Matriculation Date:		End/Graduation Date:	
Degree Earned:			
Name of Dept:			
Major Subject Area:			
Name of University, College or Institute of Higher Learning:			
City and State:			
Matriculation Date:		End/Graduation Date:	
Degree Earned:			
Name of Dept:			
Major Subject Area:			

16. Official Graduate Degree Program Title: _____

17. Names of Major Advisor: _____ Dept: _____

18.	Pursuant to A.R.S. § 32-2091.03(A)(3), were you certified as BCBA® prior to January 1, 2015? <i>If "Yes", please proceed to question 20.</i>	Yes	No	N/A
19.	Did you complete at least 270 classroom hours of specific graduate level instruction that meets BACB® standards for behavior analysts?	Yes	No	N/A
20.	Supervised work experience in behavior analysis (please submit applicable verification forms):			
	a. Have you completed a minimum of 1,500 hours supervised work experience in behavior analysis? (If <i>no</i> , applicant may need to complete additional hours of supervised experience to meet the 1,500-hour requirement under A.R.S. §32-2091.03 & R4-26-404.2, even if applicant was certified by the BACB® before January 1, 2015.)	Yes	No	
	b. Did the experience include conducting behavioral assessments related to behavioral interventions?	Yes	No	
	c. Did the experience include designing, implementing, and monitoring skill-acquisition and behavior-reduction programs?	Yes	No	
	d. Did the experience include overseeing the implementation of behavior-analytic programs by others?	Yes	No	
	e. Did the experience include training, designing analytic behavioral systems, and managing performance?	Yes	No	
	f. Did the experience include other activities normally performed by the behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program?	Yes	No	
ANSWERS TO QUESTIONS 21 AND 22 ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC				
21.	Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to safely and competently practice?	Yes	No	
22.	Do you have any medical, physical, or psychological condition that may in any way impair or limit your ability to practice behavior analysis safely and effectively?	Yes	No	

--Continued on next page --

23: EXPERIENCE IN BEHAVIOR ANALYSIS: List most recent first and, for each of the positions, provide the information requested for each. Use n/a for non-applicable information. If a type of experience was a supervised experience for a time, and employment only for a time, please list each separately with start and end dates for each type of experience. **YOU MUST LIST SUPERVISED EXPERIENCES YOU ARE APPLYING TOWARDS LICENSURE BELOW.**

Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:		End Date:	Hours/Week:
Site Name:			
Site Address:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Address:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Address:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Address:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Address:		Your title:	
Name of Professional Supervisor:			

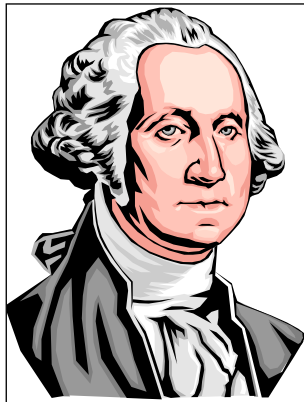
***Note: You may photocopy this page or add additional pages as needed.**

If licensed, I would like the name on my wall certificate to read:

(Name and degree abbreviation such as M.S., M.Ed., Ph.D., etc., as applicable. Not including BCBA®, ABA, etc.)

This application shall be accompanied by:

1. One original, un-retouched passport quality photograph taken not more than 60 days before the date of the application. This may be a photo taken with your phone as long as it is high resolution, head and shoulders, facing front, plain background, good lighting, etc. (passport quality). Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space below, firmly attach with tape or stick glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.



PHOTOGRAPH

2. Application fee in the amount of **\$350.00**. Check or money order should be made payable to the Arizona Board of Psychologist Examiners. If paying by credit/debit card, submit the application (email is acceptable) and let Board staff know you wish to pay by credit/debit card. The application must be entered into the system before the application fee can be paid with a credit/debit card via the online application portal. Staff cannot process credit/debit cards.

ATTESTATION

Pursuant to A.R.S. Sections 32-2091.09 and 32-2091.12, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

I swear that the statements contained herein are true in every respect. I have not omitted any information that might affect this application. I will conform to the standards of professional conduct as defined in Arizona Revised Statute Section 32-2091, et seq., and the rules pertaining thereto.

Signature of Applicant

Date



State of Arizona Board of Psychologist Examiners

1740 W. Adams Street, Ste. 3403
Phoenix, AZ 85007

Phone: 602-542-8159
Fax: 602-926-8095

E-Mail: kathy.fowkes@psychboard.az.gov
https://psychboard.az.gov

SUPERVISED WORK EXPERIENCE OR INDEPENDENT FIELDWORK VERIFICATION (MINIMUM 1,500 HOURS)

APPLICANT: If using this form instead of your BACB® Experience Verification Form(s) to verify your supervised hours, please complete the top portion of this form and submit to your supervisor(s). Your supervisors will complete Sections A & B and must send the form directly to the Board's office, preferably by email. **DO NOT include verifications in your application packet.** This is a primary source verification and must be received directly from the supervisor in order to be valid.

Dear _____:
(Name of Supervisor)

Date: _____

I am applying for licensure as a Behavior Analyst in Arizona. My application shows that I participated in supervised work experience or independent fieldwork in the practice of applied behavior analysis with you or your organization from ____/____/____ to ____/____/____ (MM/DD/YY), A.R.S. § 32-2091.03 & A.A.C. R4-26-403(C)(2) require that evidence of at least 1,500 hours of supervised work experience or independent fieldwork be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and email or mail this and any other requested information directly to the Board at the above address. If faxing, please use a coversheet with your site's logo or letterhead for the Board's tracking requirements. Thank you for your assistance.

Applicant Signature: _____ Printed Name: _____

SECTION A. (The information below must be completed by the supervisor, a behavior analyst certified by a national behavior analyst certification board, or certified behavior analyst knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**)

I attest that _____ participated in supervised work experience or independent
(name of applicant)

fieldwork in the practice of applied behavior analysis from _____ to _____ (MM/DD/YYYY),

at (Site Name): _____

located at: (Site Address, City & State): _____
(location of supervised experience, including activities and supervision)

1. Total hours of experience: _____

**IF ANSWERING "NO" TO ANY OF THE FOLLOWING QUESTIONS,
PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER**

2.	Did this applicant successfully perform the supervised work experience or independent fieldwork at a satisfactory level of performance?	Yes	No
3.	Did work experience or fieldwork include the following:		
	a. Conducting behavior assessments related to behavioral interventions?	Yes	No
	b. Designing, implementing, and monitoring skill-acquisition and behavior-reduction programs?	Yes	No
	c. Overseeing the implementation of behavior-analytic programs by others?	Yes	No
	d. Training, designing analytic behavioral systems, and managing performance?	Yes	No

	e.	Other activities normally performed by the behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program?	Yes	No
4.		For supervised work experience, did the supervisor observe the applicant engaging in behavior analytic activities in the natural environment at least once every two weeks?	Yes	No
5.		Were no more than half of the supervised hours in each supervisory period conducted in small groups of 10 or fewer participants?	Yes	No
6.		Did the remainder of the total supervision hours in each supervisory period consist of direct one-to-one contact?	Yes	No
7.		During the entire course of supervision, was the trainee supervised at a frequency that meets the standards of the BACB®?	Yes	No
8.		During the entire period of supervision, was the supervisor a BCBA® certified behavior analyst?	Yes	No
9.		During the entire period of supervision, was the supervisor licensed in the same state in which supervision took place? (Please note, if the state/jurisdiction in which supervision took place offers licensure, the supervisor must be licensed by that jurisdiction, or the Board cannot accept the trainee's hours of supervised experience for the purpose of licensure. If a state does not offer licensure for behavior analysts, the supervisor must be BCBA® certified (R4-26-404.2(C)) and meet BACB®'s requirements for supervisors (R4-26-404.2(C)(6)(b)).	Yes	No
10.	Name of State in which supervision took place: _____			
11.		Was the supervisor conducting the supervised work experience a relative, subordinate, or employee of the applicant?	Yes	No

SECTION B.

I hereby certify that the information provided here is true and complete to the best of my knowledge.

Signature

Address

Printed Name

Title

State Licensed/Certified

(_____) _____ - _____
Telephone

License/Certification Number

Email Address (for follow up if needed)

Arizona Board of Psychologist Examiners Mandatory Confidential Information

Name (Last, First, Middle):			
Other Names Used (such as birth name, if different from above)			
Residential Address* (PO Box Not Acceptable):			
City, State Zip			
Mailing Address, if different from above:			
City, State Zip:			
E-Mail Address:			
Home Phone Number:		Home Fax Number:	

Check here to indicate if residential address is the same as your business address

Date of Birth**		9-digit SSN***:	
Place of Birth (City, State, Country)			

* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.

**THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.

***A.R.S. §§ 25-320(P) and 25-502(K) MANDATE THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**
Professional License and Commercial License
Arizona Board of Psychologist Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

- **Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
- Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal.
- If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph.
- You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

A. Are you a citizen or national of the United States Yes No

B. If you answered **Yes** in A, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

C. If you answered **Yes** in A:

1) Attach a legible copy of a document from the attached list.

Name of document _____

2) Go to Section IV on Page 2.

D. If you answered **No** in A, you must complete Section III and IV (Page 2)

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C. § 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT’S SIGNATURE

TODAY’S DATE

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS OR ALIEN STATUS

*	If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph.	*
*	You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.	*

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time).
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or Bureau of Indian Affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.