



ARIZONA RADIATION REGULATORY AGENCY

4814 South 40th Street * Phoenix, AZ 85040-2940

(602) 255-4845

Thank you for applying with the Arizona Radiation Regulatory Agency. This application must be completed in its entirety and must include the following:

- ✓ **Application:** Notarized completed application. **Incomplete applications will be returned to applicant.** Money Order or Cashiers Check (**NO PERSONAL CHECKS**) made out to the **Laser Safety Fund - FEES ARE NON-REFUNDABLE**. The **initial application fee** is \$30.00 and all approved procedures can be applied for at once. If you would like additional procedures to be added into your file later, after we have processed your **initial application**, an amendment cost another \$30.00. (Annual Renewals are \$30 per certificate). Please see *laser technician fees* on the website for further detail.
- ✓ **Passport Photo:** Original photo, not a copy.
This is an ORIGINAL photo that can be obtained at most pharmacies. No computer generated or personal camera photos will be accepted without approval.
- ✓ **Proof of Legal Residency:** A copy of your driver's license **AND** a copy of your social security card **OR** a copy of your US Passport. Please make sure that your copies are current and clearly legible. If we can't read the documentation, we can't use it. **NOTE:** If you cannot meet the above requirement **OR** you hold a drivers license in **Washington, California, Nevada, Utah, Colorado, New Mexico, Connecticut, Delaware, Hawaii, Illinois, Vermont or Maryland** and you do not have a current US passport, you will need to provide additional documentation such as a copy of your birth certificate. Please see §41-1080 for a complete list of acceptable documents. ARRA must verify an individual's presence in the U.S. is authorized under federal law prior to issuing a license.

IN ADDITION to the other documents listed above, please also include the following :

- ✓ ***Documentation of 40 hours didactic training (certificate of completion) as required by Arizona Administrative Code, Title 12, Chapter 1, Article 14, Appendix C.**
- ✓ **Letter of Approval (form found on website) signed by your Supervising Health Professional and/or Supervising Technician and/or Medical Director for at least 24 hours and 10 examinations of in room supervision in hair reduction and for any other cosmetic procedure.**
- ✓ **Logs for 24 hours and 10 examinations of in room training/supervision**
 - **For Hair Reduction**
 - and**
 - **For any other Cosmetic Procedure**

PLEASE NOTE: It is the licensees' responsibility to report any changes to your personal information. If you don't receive renewals or correspondence from this office because you've moved or have changed the way that you receive mail, you will be responsible for late fees or the expiration of your license.

2. PREVIOUS EMPLOYER:

EMPLOYER		AREA CODE / PHONE # / EXT	
ADDRESS	CITY	STATE	ZIP CODE
NAME OF SUPERVISOR	SUPERVISOR PHONE	EMPLOYED FROM: _____ MO/YR	to _____ MO/YR

3. EDUCATIONAL INFORMATION

LASER TRAINING INSTITUTION		TYPE OF TRAINING (DIPL., CERT., DEGREE)	
ADDRESS OF INSTITUTION	CITY	STATE	MO. & YR OF GRADUATION
		PHONE NUMBER	
OTHER DEGREES	MAJOR	WHERE OBTAINED	YEAR

ARRA participates in the Employment Eligibility Verification Program.

I attest, under penalty of perjury, that I am (**check one of the following**):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) _____
An alien authorized to work until _____ (Alien # or Admission #) _____

Having filed an application for certification by the Arizona Radiation Regulatory Agency (ARRA), I authorize and request every person, company, governmental agency or institution having control of information pertaining to my educational and professional background to furnish to ARRA information pertaining to this application and to permit ARRA or its representatives to inspect and make copies of such information.

I hereby release ARRA and its representatives from any liability arising out of the furnishing or inspection of such information. The Authorization and Release form will only be utilized by ARRA to confirm application matters relevant to education, work history, and enforcement matters.

I, _____ (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by Arizona Radiation Regulatory Agency.

NOTARY PUBLIC

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this ____ day of _____ 20__

DATE

Notary Public

My commission expires: _____

**NOTICE: Incomplete applications will be returned to applicant.
Do not leave any area blank.**