

Arizona Radiation Regulatory Agency  
Cosmetic Laser Technician Certification Renewal  
4814 S. 40<sup>th</sup> Street, Phoenix, AZ 85040

DO NOT LEAVE ANY SPACES BLANK \* INCOMPLETE RENEWALS WILL BE RETURNED

CLT # \_\_\_\_\_

The renewal application and **\$30.00** fee are due on or before expiration date

Please return your original certificate if you are requesting additional procedures  
Include documentation required for any additional procedures

Name \_\_\_\_\_

CHANGE OF ADDRESS?

Yes  No

Address \_\_\_\_\_

City State-Zip \_\_\_\_\_

**Additional procedures applying for:**  Spider Vein Reduction  Skin Rejuvenation  Non-Ablative Skin Resurfacing  Skin Tightening  Wrinkle Reduction  Telangiectasias  Laser Peel  Acquired Adult Hemangiomas  Facial Erythema  Acne Scar Reduction  Solar Lentigos Reduction (Age Spots)  Ephelis Reduction (Freckles)  Photofacial  Non-Ablative Tattoo Reduction  Cellulite Reduction  Applying for Supervising \_\_\_\_\_ Procedure

**NUMBER OF SEALS NEEDED:** \_\_\_\_\_ (one for each certificate you currently hold)

HOME PHONE:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

Phone# \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

Phone# \_\_\_\_\_

**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 #) A \_\_\_\_\_  
 An alien authorized to work until \_\_\_\_\_ (Alien # or Admission #) \_\_\_\_\_

**Please check that you have included:**

- Completed renewal application & fees (make checks payable to Laser Safety Fund).  
 Original Certificate **if applying for additional procedures or supervising procedure**

**IF NO CHANGES BEING MADE, YOU WILL RECEIVE A SEAL TO APPLY TO YOUR ORIGINAL CERTIFICATE**

SIGNATURE OF LICENSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

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*When renewing in person,  
NO credit or debit cards*

\_\_\_\_\_ Renewal of License # \_\_\_\_\_  
ARIZONA RADIATION REGULATORY AGENCY LASER SAFETY FUND  
**KEEP THIS COPY FOR YOUR RECORDS**

DATE \_\_\_\_\_ AMOUNT PAID BY (Check / Money Order #) \_\_\_\_\_