



APPLICATION FOR CERTIFICATION RENEWAL

DUE JANUARY 15, 2025

Application for: Tier 1 Tier 2

Date _____

Please refer to Guidelines for details of requirements and benefits of each Tier.

SECTION I: ABOUT YOUR ORGANIZATION

Name of Organization _____

Mailing Address _____

City _____ ZIP Code _____

Physical Address _____

City _____ ZIP Code _____

Phone _____ Email _____

Primary Contact Name/Title _____

Contact Phone _____ Email _____

Alternate Contact Name/Title _____

Alt Contact Phone _____ Email: _____

SECTION II: CHANGES TO YOUR ORGANIZATION

Have there been any significant changes to your organization in the past year? YES NO

If yes, please explain: _____

ATTACHMENTS REQUIRED: Roster of current board of directors/trustees (names only)

Name _____

Title _____

(President or Director required.)

Preferred Method of Communication Email Phone Physical Mail

Signature _____

(Acceptable Signatures: Signed and mailed to 949 E 2nd, Tucson, AZ 85719 or a verified e-signature with timestamp.)

Date _____

I hereby affirm that the above information is true and correct.

Forms completed digitally should be emailed to certified@azhs.gov
Questions? Contact Jaynie Adams at 520-617-1154 or jadams@azhs.gov