



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](mailto:certified@azhs.gov)**  
**Questions?** Contact Jaynie Adams at 520-617-1154 or [jadams@azhs.gov](mailto:jadams@azhs.gov)