



3800 N Central Ave, Suite 1400, Phoenix, AZ 85012
Phone (602) 506-6010 Fax (602) 372-0587
AQPermits@maricopa.gov

SUBCONTRACTOR REGISTRATION APPLICATION FORM

Documents may be submitted in person at:
3800 N. Central Ave. Suite 1400, Phoenix, AZ 85012 or 501 N. 44th Street, Suite 200, Phoenix, AZ 85008.

Arizona Revised Statutes (A.R.S.) 49-474.06 and Maricopa County Rule 200 (Permit Requirements) require subcontractors engaged in dust-generating operations at a site that is subject to a Dust Control Permit to register with MCAQD and pay an annual fee of \$50.00.

Important: Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

1. Applicant Information

Legal Name of Company (INC, LLC, etc.): _____

OR

Name of Owner(s) If sole proprietorship or general partnership

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Arizona Registrar of Contractors (ROC) #(s): (If applicable) _____

2. Mailing and Contact Information

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

Arizona Revised Statute §13-2704 makes it a criminal offense to knowingly make a false material statement to a public servant in connection with an application for any benefit, privilege, or license.

I hereby certify that, based on information and belief formed after reasonable inquiry, the statements and information in the Application for Subcontractor Registration are true, accurate, and complete.

*There is no need for a physical signature if submitting this form electronically.

*Signature: _____ Title: _____

Typed or Printed Name of Signer: _____ Date: _____

Save your work! Changes to this form will be lost if you exit the form without saving it first.

You can now submit your application and make payment online. Save this form and go to <https://aqbillpay.maricopa.gov>.
If paying by check, you can print out this form and mail it to the address at the top of this form. Make checks payable to MCAQD.

OFFICE USE ONLY

Tracking #: SC or CMP _____ Employee: _____