



APPLICATION FOR CERTIFICATION RENEWAL

DUE JANUARY 15, 2024

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)

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

Name _____

Title _____
(President or Director required.)

Signature _____

Date _____

Email completed form to: certified@azhs.gov

Questions? Contact Jason Mihalic at 480-387-5358.

NOTE: Only emailed applications will be accepted.