



Email all required documents to

**Licensing Division**

**Arizona Department of Insurance and Financial Institutions**

100 North 15<sup>th</sup> Avenue, Suite 102, Phoenix, AZ 85007-2630

Phone: Insurance (602) 364-4457 | Enterprises/Appraisers (602) 771-2800

Email: Insurance [insurancelicensing@difi.az.gov](mailto:insurancelicensing@difi.az.gov)

Enterprises/Appraisers [felicensing@difi.az.gov](mailto:felicensing@difi.az.gov)

Web: <https://difi.az.gov/>

**FORM L-PFD: PETITION FOR DETERMINATION**

If you have a criminal record, [Arizona Revised Statutes \(“ARS”\) § 41-1093.04](#) allows you to petition us in advance of your fulfilling license application requirements in order to determine whether your criminal record disqualifies you from becoming licensed. **NOTE: A petition only applies to criminal history. A license may be denied, suspended, revoked or refused based on factors other than criminal history. Your petition must be complete or it will be rejected and not processed.** Upon receiving a complete petition, we may take up to 90 days to determine whether you are disqualified from becoming licensed.

**YOUR PETITION MUST INCLUDE ALL THE FOLLOWING:**

1. Your full name, e-mail address and mailing address clearly entered in the spaces below:

LAST NAME	FIRST NAME	MIDDLE NAME	
EMAIL ADDRESS			
MAILING ADDRESS	CITY	STATE	ZIP CODE

2. The kind of license for which you are thinking about applying

LICENSE TYPE

3. Your complete criminal history record per [ARS § 41-1093.04\(B\)\(1\)](#).

- a. Below, list all criminal convictions and judgments, including those that were dismissed, expunged, pardoned, appealed, set aside, vacated or reversed, regardless of whether you had civil rights restored, had a plea withdrawn, or were given probation, a suspended sentence, a fine or successfully completed a diversion program.

CASE NUMBER	CLASSIFICATION	CRIME/VIOLATION	DISPOSITION

For more than four convictions/judgments, attach a list with information about the other cases.

- b. For each conviction/judgment, you must submit with this form copies of (1) the complaint issued against you, (2) the indictment, (3) the conviction or judgment or plea agreement, and (4) all documents you have that show you fulfilled all court-ordered incarceration, probation, rehabilitation, penalty-payment requirements and restitution-payment requirements.

4. **Additional information about your current circumstances per [ARS § 41-1093.04\(B\)\(2\)](#).** You must include ALL the following information:

- a. **Payment of court-ordered restitution.**

AMOUNT OF RESTITUTION ORDERED	AMOUNT OF RESTITUTION PAID*	*Include all payment receipts and other court documents that show the restitution payments you made.

- b. **Your employment history** from and after the date of your earliest conviction.

EMPLOYER	POSITION HELD	FROM (mm/yy)	TO (mm/yy)

- c. **Your employment aspirations** (describe the jobs/positions you want to have in the short term and in the long term).

- d. **Evidence of rehabilitation and testimonials.** You must attach documents that show that you have been rehabilitated and are not likely to reoffend. Include at least one testimonial from another person containing ① their name, phone number and e-mail address; ② their description about how they know you; and, ③ their opinions about your rehabilitation, your character, and the likelihood that you will reoffend.