Affidavit of Request to Obtain or Renew a Pawnbroker License in Pima County
(Please Print)

I _____of_____
First Middle Last Name Business name/Corporation name

Do here-by swear/affirm that

☐ **I do meet** ☐ **I do not meet** all of the requirements of Arizona Revised Statutes 44-1627 and request to obtain a Pawnbroker license or renewal license in Pima County. You only need to be a bona fide resident of the state of Arizona, if you are one of the following: Sole Proprietor, Partnership (all partners) or the Agent in a qualified Corporation.

IF YOU BELIEVE THAT YOU DO NOT MEET THE REQUIREMENTS PLEASE EXPLAIN:_____

Have you ever been convicted of a felony involving trafficking in stolen property, fraudulent schemes, forgery, theft, extortion, conspiracy to defraud, or a felony involving moral turpitude within the last five years? ☐Yes ☐ No

If yes please complete below:

Date	Charge	City, State	Disposition

Have you ever been denied a Pawnbroker license before? ☐*Yes* ☐*No*

(if yes, city/county/state) _____

I am a bona fide resident of Arizona ☐ *Yes* ☐ *No*

List below any other names or Alias you have used including your maiden name if applicable.

_____

The information below is my personal information:

Home Telephone: _____ Cell Telephone_____

_____
Current Residence Address City State Zip

Date of Birth: _____ Birth location:_____
City State

Driver's License number: _____ Issuing State: _____

Social Security Number: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Gender: ☐M ☐F US Citizen: ☐ Yes ☐ No

I further certify that the above personal information is accurate and true. Also, I meet all the established requirements as stated per Arizona Revised Statutes 44-1627 and understand this affidavit will be used by the Pima County Sheriff's Department as part of a background investigation to ensure the requirements of Arizona Revised Statutes 44-1627 are met.

False statements or misrepresentation may result in denial or revocation of license (ARS 44-1627.I).

Dated this ____ day of _____, 20____.

_____
Signature of applicant

SUBSCRIBED and SWORN to before me this _____ day of _____, 20__, By_____

_____ _____
Notary Public My Commission Expires

Confidential Information Law Enforcement Use Only

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