SOBER LIVING FACILITY
Behavioral Health Facilities Licensing
150 N. 18th Avenue, Suite 420, Phoenix, AZ 85007
P: 602-542-3422
E: BehavioralHealth.Licensing@AzDHS.Gov

## Applicant Attestation Form

*I, _____ _____ agree or attest to the following:*

- *I have read and understand the Arizona Revised Statutes and Arizona Administrative Code regulations that govern sober living homes for which licensing is requested and I agree to comply with those regulations.*
- *I attest that the information provided in the application is true, accurate and complete.*
- *I understand that all licensing fees are nonrefundable except as provided in A.R.S. § 41-1077.*
- *I understand that per A.A.C. R9-12-107(A), the Department may deny, revoke, or suspend a license to operate a sober living home if:*
    - *A licensee does not comply with requirements in A.R.S. Title 36, Chapter 18, Article 4, or this Chapter;*
    - *A licensee does not correct the deficiencies according to the plan of correction specified in R9-12-201(J)(1) by the time stated in the plan of correction;*
    - *An applicant or licensee provides false or misleading information as part of an application; or*
    - *The nature or number of violations revealed by any type of inspection or investigation of a sober living home poses a direct risk to the life, health, or safety of a resident or another individual on the premises.*

Signature of Applicant (Actual Signature / No Typing) Date Signed