



ARIZONA FIRE & MEDICAL AUTHORITY

Protecting life and property and enhancing the well-being of all those we serve

Please complete this form so we can enter your business and contact information into the AFMA fire inspection program. Upon completion, please email to crmd@afma.az.gov.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
Street City Zip Code

SUITE(S): _____ **FLOOR:** _____ **PHONE:** (____) _____

MAILING ADDRESS: _____
(If different) Street City State Zip Code

PRIMARY CONTACT: _____ **TITLE:** _____

AFTER HOURS PHONE NUMBER: (____) _____

EMAIL ADDRESS 1: _____
(Used for invoices & fire inspection reports to be sent to / primary contact)

SECONDARY CONTACT: _____ **TITLE:** _____

AFTER HOURS PHONE NUMBER: (____) _____

EMAIL ADDRESS 2: _____

OTHER: _____

===== OFFICE USE ONLY =====

RISK CLASSIFICATION: \$50 ~ \$75 ~ \$250 ~ Low ~ Medium ~ High ~ Licensure ~ Beds: _____

INSPECTION CYCLE: 1-Year ~ 3-Year ~ New Occ ~ Updated Occ ~ Billing Cycle: _____ / _____

ENTERED INTO: Image Trend ~ Tyler Acct: _____ ~ Occ ID folder ~ Other ~ Occ ID: _____

OCCUPANCY TYPE: Assembly ~ Business ~ Licensure ~ Industrial ~ Institutional ~ Residential

FORMS -> BUSINESS Contact Information FORM