

Return this signed application along with the signed MOU along with all supporting documentation to:

Military Reuse Zone Program  
Arizona Commerce Authority  
333 North Central Avenue, Suite 1900  
Phoenix, AZ 85004

Questions can be directed to  
[cindyg@azcommerce.com](mailto:cindyg@azcommerce.com)

**Arizona Commerce Authority  
MILITARY REUSE ZONE PROGRAM**

**APPLICATION FOR AIRPORT AUTHORITIES**  
(For eligibility determination for transaction privilege tax exemption under A.R.S. § 41-1532 (B))

**Section A. Airport Authority Information**

Authority Name	_____	Tax Year	_____
Mailing Address	_____	NAICS #	_____
City/State/Zip	_____	FEI Number	_____
Contact Name	_____	Business Phone	_____
Email Address	_____	Business Fax	_____

**Section B. Contract Information**

Requirements of the Contract. A.R.S. § 42-5075 (B)(4) provides the following:

“The gross proceeds of sales or gross income received from a **contract** entered into for the construction, alteration, repair, addition, subtraction, improvement, movement, wrecking or demolition of any building, highway, road, railroad, excavation, manufactured building or other structure, project, development or improvement located in a military reuse zone for providing **aviation or aerospace services** or for a manufacturer, assembler or fabricator of **aviation or aerospace products** within an active military reuse zone.... under section 41-1531. **To be eligible to qualify for this deduction, before beginning work under the contract the prime contractor must have applied for a letter of qualification from the department of revenue.**” (Emphasis added)

This application is being submitted because the airport authority plans to enter or has already entered into a contract with a prime contractor that will result in the provision of aviation/aerospace services or products as described above. Please describe the scope of the contract and specify the eligible activities that will result from the contract. **If the authority has an executed contract please provide a copy.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name and address of your prime contractor, if known:

Name	_____	FEIN#	_____
Address	_____	City & Zip	_____



Describe the location of the contract work.

What is the contract number?	#
Anticipated start date of work under the contract? (Please note: The prime contractor must apply for a Letter of Qualification from the Arizona Department of Revenue prior to beginning work under the contract. Failure to obtain the appropriate documentation prior to start of work will result in ineligibility for the exemption.)	_____
Anticipated end date of work under the contract?	_____
Anticipated total cost of the contract prior to the exemption?	\$ _____
Anticipated total cost of the contract after the exemption?	\$ _____
Local tax rate applied to the contract?	_____ %
If a tax factor was used to calculate the amount of the tax exemption, please specify.	_____

**Section C. Investment Information**

What was the investment amount in fixed assets made by the Airport Authority at the MRZ in anticipation of this contract?

Buildings/Land	\$ _____
Equipment/Machinery	\$ _____
Total	\$ _____

**Section D: Affidavit**

I, as an officer of the airport authority, represent that the information on this form and all other information provided to obtain MRZ benefits is true and correct. Further, the undersigned attests that:

Initial:

	The business location or contract activity is in a Military Reuse Zone;
	The applicant meets the eligibility requirements under A.R.S. § 41-1532;
	The applicant shall allow inspections and audits by the Arizona Commerce Authority as are reasonably necessary to verify the accuracy of the submitted information;
	The applicant has completed, signed and is submitting the required Memorandum of Understanding with this application;
	The applicant will file the MRZ Annual Report within 30 days of filing its Arizona tax returns for all years eligible for benefits;
	Agrees that to be considered complete, the applicant shall provide proof that it is registered with and is participating in the E-Verify program pursuant to ARS § 23-214(B) <a href="http://www.uscis.gov/portal/site/uscis">http://www.uscis.gov/portal/site/uscis</a> ;
	In Accordance with ARS §35-393, certifies that the applicant does not have scrutinized business operations in Iran; and
	In Accordance with ARS §35-391, certifies that the applicant does not have scrutinized business operations in Sudan.

\_\_\_\_\_  
Signature of Authorized Authority's Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Officer

\_\_\_\_\_  
Date

