

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

### Contractor: All Classifications

#### APPLICANT INFORMATION

**Business Legal Name** \_\_\_\_\_  
*\*Note: If you are a Sole Proprietor, this is your full legal name.*

**DBA (if applicable):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Local Contact for Licensing Purposes:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

#### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

**BUSINESS ORGANIZATION**

**Please select entity type:**

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

*If registered as one of the above entities in Utah, complete Section 1 below.*

- Sole Proprietorship  
*If registered as sole proprietorship, complete Section 2 below.*

**Section 1: To be completed by Trust, Corporation, GP, LLC, LP and LLP applicants only.**

UT Division of Corporation Registration Number\*: \_\_\_\_\_ EIN: \_\_\_\_\_

Select one:  Domestic  Foreign      Is this company publicly traded?  Yes  No

DBA (if applicable) : \_\_\_\_\_ DBA Registration Number: \_\_\_\_\_

**I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers and prior entities for which these individuals have been involved.**

*\*It is required that all entities doing business in Utah register with the Division of Corporation and Commercial Code.*

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

**Section 2: To be completed by Sole Proprietorship applicants only.**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

Driver License or State Id Card: \_\_\_\_\_  
*State of Issue ID/License Number Expiration Date*

**NOTE:** If you do not hold a US Driver’s License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

**If applicable, please complete the following:**

UT Division of Corporation Registration Number: \_\_\_\_\_ SSN or EIN: \_\_\_\_\_

DBA: \_\_\_\_\_ DBA Registration Number: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility ( <i>domestic or foreign</i> ) in any jurisdiction or on probation/parole in any jurisdiction?*

**\*NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions **9,10,11** or **12** you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

## CLASSIFICATION

See page 11 of this application for a complete list of classifications and the requirements. Many classifications require trade exams, certifications or that the qualifier hold specific individual licenses prior to application being made. All qualifications must be met prior to making application for licensure.

Select all classifications you are applying for.

- General Engineering Contractor (E-100)
- General Building Contractor (B-100)
- Residential and Small Commercial Contractor (R-100)
- Subclassification (list all that apply): \_\_\_\_\_

*A complete list of classifications can be found on page 11 of this application.*

**\*NOTE:** Each classification is considered a license, and additional fees and qualifications may apply. See instructions at the end of this application for additional information.

## FINANCIAL RESPONSIBILITY

Read thoroughly, and answer each question. Do not leave any question blank.

1.  Yes  No Within the last five years, has the applicant, the proposed qualifier, any person holding 8% or more ownership and prior entities for which these individuals have been involved had any judgments, liens, taxes, or child support delinquencies levied against them?
2.  Yes  No Within the last seven years has the applicant, the proposed qualifier, any person holding 8% or more ownership and prior entities for which these individuals have been involved filed for bankruptcy?
3.  Yes  No Does your total debt exceed the value of your total assets?

If you answered yes to any of the questions above, enclose with this application the following items:

- Copies of any judgments or tax liens that have been entered against you, and evidence showing the obligation has been paid or an approved payment schedule (*if applicable*).
- Current credit reports. See page 8.
- Copy of bankruptcy schedules (*if applicable*).
- Current financial statement.
- Written explanation of your financial history, including an explanation of what you have done to resolve the financial problems and why you do not believe they will reoccur.

Alternatively, you may file a bond. See page 9.

**NOTE:** A "yes" answer does not necessarily mean you will not be granted a license; however, you will be required to demonstrate a current and expected future condition of financial solvency. It is possible you will only qualify for a probationary license, or that you will be required to provide a bond. You may wish to apply for licensure after you have resolved your financial difficulties.

I certify that the answers provided above are true and correct.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

## PAYROLL

### Select one:

The applicant:

- has employees or owner-workers holding less than 8% ownership and appropriate workers compensation insurance is in force and will be maintained. You must provide the following information to complete your application:
- 1. A copy of our workers compensation certificate is included with this application.\*
  - 2. And either **a** or **b** below:
    - a.** The following account information:
      - Department of Workforce Services Unemployment Insurance Registration Number: \_\_\_\_\_
      - State Tax Commission Withholding Tax Account Number: \_\_\_\_\_
      - Federal (IRS) Employee Identification Number: \_\_\_\_\_
    - b.** Enclose a copy of your signed contract with a registered PEO\*

\* See checklist at the end of this application for additional information.

- does not now hire employees and does not intend to hire employees within the foreseeable future. **NOTE:** If the company has owner-workers who are engaged in the construction trade and **hold less than 8% ownership**, the company is NOT exempt from the workers compensation and unemployment insurance requirements and will be required to provide the information requested above. **Each such owner is required to pay the \$20 registration fee and complete Appendix G.**

**QUALIFIER EXPERIENCE AND EXAMINATION**

If you have more than one qualifier, you must complete this section for each individual. Please make additional copies as needed.

**Qualifier's Full Legal Name:** \_\_\_\_\_  
First Middle Last

**Mailing Address:** \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box  
\_\_\_\_\_  
City State ZIP Code

**Other DOPL Licenses Held:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

Driver License or State Id Card: \_\_\_\_\_  
State of Issue ID/License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

**Association with Contractor:**  Owner of at least 20%  W-2 Employee in Management Position

Each qualifier is required to pass the Utah Business Law and Rule Exam, and if applicable, the required trade exam. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examinations. Submit the fees directly to the testing agency. Do not submit your application until you have passed all required exams.

**Business Law and Rule Exam:**  New qualifier, date exam passed: \_\_\_\_\_  
OR  Previously furnished as qualifier for license number: \_\_\_\_\_

**Trade Classification** (see page 11 of this application for more information) : \_\_\_\_\_

**Trade Exam (if applicable):**  New qualifier, date exam passed: \_\_\_\_\_  
OR  Previously furnished as qualifier for license number: \_\_\_\_\_

**If applying for an S200\*, S201\*, S210\*, S217\*, S510\*\*, I103\*\*\* or I104\*\*\*, list your license number:** \_\_\_\_\_

\*Equivalent Masters level license required \*\*Elevator Mechanic License required  
\*\*\* Instructional facility licenses require the same license as the equivalent construction trade license.

**If applying for an S202, list your NABCEP certificate number:** \_\_\_\_\_

**If applying for an S354, list your NRPP or NEHA certificate number:** \_\_\_\_\_

**NOTE:** The following classification have no trade exam or certification: S214, S221, S231, S261, S262, S263, S272, S273, S291, S292, S294, S322, S323, S352, S400, S420, S421, S430, S441, S460, S470, S480, S491, S500, S700.

In addition to passing the Utah Law and Rule exam and any required trade exam, each Qualifier must provide documentation of meeting certain requirements. **Please select one of the choices from each of the experience and education sections below and provide supporting documentation with this application.**

**Documentation of Experience:**

- Previously approved qualifier for Utah license listed above.
- New qualifiers must provide documentation of TWO (2) years full-time paid employment experience in the constructions trade. Documentation must include the "Affidavit of Experience" found on page 6 of this application AND either W2 forms or tax returns showing ownership distribution from a licensed contractor. Additionally, if applying for an E100, B100, or R100, you must provide a statement from your employer documenting at least one year of supervisory experience.

**Documentation of Education:**

- Previously approved qualifier for Utah license listed above which was active and in good standing on October 9, 2014 and on the date this application was submitted.
- Certificate of completion of an approved 20 hour pre-licensure course.
- Constructions Management Degree- *You must submit official transcripts, in a sealed envelope, documenting the degree.*
- Licensed Professional Engineer or Structural Engineer-List your Utah license number in the "Other DOPL Licenses Held" field above. (Valid for the E100 classification only.)

# Affidavit of Experience

This form is to be used by new qualifiers. Previously approved qualifiers do not need to complete this form.  
Each employer must complete a separate form, and the total of all forms must equal 4000 hours.

## APPLICANT INFORMATION

To be completed by the applicant.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

## EMPLOYMENT INFORMATION

To be completed by the Supervisor or HR Representative.

**Name of Contractor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates of Employment/Supervision:** \_\_\_\_\_ to \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

Total Hours worked: \_\_\_\_\_

Hourly Rate or Salary: \_\_\_\_\_

Describe the applicant's duties: \_\_\_\_\_

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Did the applicant's duties include supervision?  Yes  No Total Hours of Supervisory Experience: \_\_\_\_\_

If "yes", describe duties: \_\_\_\_\_

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I do hereby certify that the applicant for a contractor qualifier listed above has successfully completed the above hours of experience as an employee or owner of the company listed.

I further certify that the applicant is qualified and competent to practice in a supervisory role.

**Signature of Authorized Signer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## OWNERSHIP LISTING

Please complete the following information for all owners. Please make additional copies as needed. If your company is publicly traded, please write "Publicly Traded" on the first owner name line, and provide the last audited financial statement *instead* of listing all owners.

- NOTE:** If your entity is UNINCORPORATED (e.g., an LLC). Each owner engaged in the construction trade owning less than 8% is required to pay the \$20 registration fee and complete Appendix G. No fee is required for owners holding MORE than 8% OR that will not engage in the construction trade.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

**Will this owner engage in the construction trade?**  Yes  No **Percentage of ownership:** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

**Will this owner engage in the construction trade?**  Yes  No **Percentage of ownership:** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

**Will this owner engage in the construction trade?**  Yes  No **Percentage of ownership:** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

**Will this owner engage in the construction trade?**  Yes  No **Percentage of ownership:** \_\_\_\_\_

## CREDIT REPORT AUTHORIZATION

Pursuant to Utah Administrative Code R156-55a-306(1), If you answered "yes" to any "Financial Responsibility Questionnaire" questions on page 4 of this application, or if a credit report is requested you must, provide current credit reports for the applicant, the proposed qualifier(s), and all owners, officers and managers.

Your consumer credit report will be obtained from all three credit bureaus, Experian, Trans Union & Equifax merged into one complete credit report. For business entities a credit report will be obtained from Experian Business Credit Services.

**Instructions:** Complete and submit a copy of this credit report authorization form directly to the Division of Occupational and Professional Licensing for each individual and entity required, with the credit card authorization for payment. The charge on your credit card will show NACM as the creditor. For security and confidentiality purposes, the report(s) will print directly to our state office.

These credit reports are obtained by the Division of Occupational and Professional Licensing through NACM BCS. 7410 S. Creek Rd. #301, Sandy UT. 84093. [801-487-8786](tel:801-487-8786), [800-977-6226](tel:800-977-6226). Fax [801-484-1891](tel:801-484-1891). [www.nacmint.com](http://www.nacmint.com)"

### Personal Credit Report Request

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If Joint, Spouse Name: \_\_\_\_\_  
*First Middle Last*

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Type of Report Request:			NACM Stamp & Date
<input type="checkbox"/> Individual Experian TransUnion Equifax Merged Credit Report	\$23.00	<input type="checkbox"/>	Cost
• Colorado Applicants Must add \$9.00 sur-charge for Individual	\$32.00	<input type="checkbox"/>	Paid
<input type="checkbox"/> Joint Merged Credit Report-Husband & Wife <i>(Please include spouse name, social security number and date of birth above.)</i>	\$34.00	<input type="checkbox"/>	
• Colorado Applicants must add \$18.00 sur-charge for joint	\$52.00	<input type="checkbox"/>	

### Business Credit Report Request

Business Legal Name \_\_\_\_\_  
*\*Note: If you are a Sole Proprietor, this is your legal name.*

Mailing Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Tax Id Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Report Request:	Cost	Paid	NACM Stamp & Date
<input type="checkbox"/> Experian Business Credit Report	\$50.00	<input type="checkbox"/>	

### Payment Information

Visa  MasterCard  American Express Card Number: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_ CID: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

I hereby authorize the release of all information, including credit information contained in my (our) account file with NACM Intermountain. I further authorize that a photocopy of this form may be accepted as the original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Bond Number:: \_\_\_\_\_  
Date: \_\_\_\_\_

*This form may be used as an alternative means of demonstrating financial responsibility. This form is public information.*

## CONTRACTOR'S LICENSE BOND

KNOW ALL PERSONS BY THESE PRESENTS:

That we, \_\_\_\_\_, contractor and including its owners \_\_\_\_\_ of (Street Address) \_\_\_\_\_

(City) \_\_\_\_\_, (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ as Principal, and \_\_\_\_\_, a Surety Company qualified and authorized to do business in the State of Utah, as Surety, are jointly and severally held and firmly bound to the people of the State of Utah to indemnify persons, firms, and corporations for losses which may occur by reason of violation of the conditions hereinafter contained, in the total aggregate sum of Fifty Thousand and NO/100 Dollars (\$50,000.00) as required by Utah Code Ann. 58-55-306(1)(b) or 58-55-306(4)(c)(ii), in lawful money of the United States for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly, severally and firmly by these presents. The total aggregate liability of this bond to all persons making claims shall not exceed the penal sum stated herein.

THE CONDITION OF THIS OBLIGATION IS SUCH, That:

WHEREAS, the above bounden Principal has applied for licensure as a contractor within the State of Utah, and pursuant to the application, licensure has been or is about to be granted.

NOW THEREFORE, if the above bounden Principal shall obtain said licensure to do business as a contractor under the provisions of THE UTAH CONSTRUCTIONS TRADES LICENSING ACT providing for the regulation and control of the business of contracting, as provided by Utah Code Ann. Title 58, Chapter 55, the above bounden Principal and Surety shall indemnify persons, firms and corporations for losses which may occur as the result of the above bounden Principal's violation of any of the unlawful or unprofessional conduct provisions of Utah Code Ann. Title 58, Chapters 1 and 55, including failure of the licensee to pay its obligations or failure of the licensees owners to pay income taxes and self employment taxes on payments from the licensee to the owner, or any law respecting commerce in contracting promulgated by a licensing or regulating authority so that the total aggregate liability on the bond to all persons making claims may the aggregate sum specified herein on account of any violation or violations of said laws or rules during the time of said licensure and all lawful renewals. Said bounden Principal shall also pay reasonable attorney's fees in cases successfully prosecuted or settled against the Principal or Surety if the bond has not been depleted.

The Surety herein reserves the right to withdraw as such surety except as to any liability already incurred or accrued hereunder and may do so upon giving written notice of such withdrawal to the Principal and to the Division of Occupational and Professional Licensing, provided, however, that no withdrawal shall be effective for any purpose until sixty (60) days shall have elapsed from and after the receipt of such notice by the said Division, and further provided that no withdrawal shall in anywise affect the liability of said Surety arising out of any violation or violations of said laws or rules by the Principal hereunder prior to the expiration of such period of sixty (60) days, regardless of whether or not the loss suffered has been reduced to judgment before the lapse of sixty (60) days.

Signed and sealed this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Principal) \_\_\_\_\_(Surety)  
\_\_\_\_\_  
(Attorney-in-Fact)

*(Bonding Company must be listed in the Department of Treasury, Fiscal Service, Circular 570, current revision, entitled "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies.")*

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following **fees** are required to complete your application, please make checks payable to "DOPL":

- \$210.00 non-refundable application-processing fee which includes the first classification.
- \$210.00 *for each* additional Primary Classifications (E-100, B-100 or R-100)
- \$110.00 *for each* additional Supplemental Classification, see the trade classifications list on page 11.
- \$195.00 Lien Recovery Fund fee, *if applicable*. See the trade classification list on page 11 for a list of exempt classifications.
- If the entity is *unincorporated*, **Each owner engaged in the construction trade owning less than 8% is required to pay the \$20 registration fee and complete Appendix G.** See page 7 of this application.

The following **items** are required to complete your application

- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 3 of the application for more information.
- General Liability Insurance Certificate: The certificate must include the name and address of the insured (which must match the name and address on the application exactly), policy number, expiration date, the insurance company and contact information, a minimum required coverage of \$100,000 for each incident and \$300,000 in total. Additionally, the certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.
- Workers Compensation Insurance Certificate (*if applicable, see selection on page 4*).
- Copy of signed PEO contract (*if applicable, see selection on page 4*).
- Supporting documentation for any "yes" answers provided on the "Financial Responsibility Questionnaire". See page 4 of the application for more information.
- Supporting documentation for qualifier education and experience. See Qualifier Experience and Examination form on page 5 of this application.

Submit the above items with your completed application to:

**In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

**US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741

## CONTRACTOR CLASSIFICATIONS

If the classification number is followed by an \*, there is NO trade exam required.

The following classifications **require** participation in the Residence Lien Recovery Program:

B100	General Building	S290	General Masonry
B200	Modular Unit Installation (Set up Modular housing)	S291*	Stone Masonry
R100	Residential/Small Commercial (20K sq ft/3 stories)	S292*	Terrazzo
R101	Residential/Small Commercial Non-Structural Remodel/Repair (50K/ existing structure)	S293	Marble, Tile and Ceramic
R200	Factory Built Housing (Manufactured housing)	S294*	Cultured Marble
S200	General Electrical (Must be Master Electrician)	S300	General Painting
S201	Residential Electrical (Must be Residential Master Electrician)	S310	Excavation and Grading
S202*	Solar Photovoltaic (Requires NABCEP Certificate)	S330	Landscaping
S210	General Plumbing (Must be Master Plumber)	S350	HVAC
S212	Irrigation Sprinkler	S351	Refrigerated Air Conditioning
S214*	Water Conditioning Equipment	S352*	Evaporative Cooling
S215	Solar Thermal Systems	S353	Warm Air Heating
S216	Residential Sewer Connection/Septic Tank	S354*	Radon Mitigation (Must have NEHA Certification)
S217	Residential Plumbing (Must be a Master Plumber)	S370	Fire Suppression Systems
S220	Carpentry	S380	Swimming Pool and Spa
S221*	Cabinet, Millwork & Countertop Installation	S390	Sewer and Waste Water Pipeline
S222	Overhead and Garage Door	S400*	Asphalt Paving
S230	Siding	S410	Pipeline and Conduit
S231*	Rain gutter Installation	S420*	General Fencing
S240	Glass and Glazing	S421*	Residential Fencing
S250	Insulation	S430*	Metal Firebox and Fuel Burning Stove Installer
S260	General Concrete	S460*	Wrecking and Demolition
S261*	Concrete Form Setting and Shoring	S490	Wood Flooring
S263*	Cementitious Coating Systems Resurfacing and Sealing	S491*	Laminate Floor Installation
S270	General Drywall and Plastering	S500*	Sports and Athletic Courts, Running Tracks, and Playground Installation
S272*	Ceiling Grid Systems, Ceiling Tile and Panel Systems	S510*	Elevator (Must be a licensed elevator mechanic)
S273*	Light-weight Metal and Non-bearing Wall Partitions	S600	General Stucco
S280	General Roofing	S700	Specialty License

The following classifications are **exempt** from the Lien Recovery Program:

E100	General Engineering	S340	Sheet Metal
S211	Boiler Installation	S360	Refrigeration
S213	Industrial Piping	S440	Sign Installation
S262*	Gunnite and Pressure Grouting	S441*	Non-Electrical Outdoor Advertising Sign
S320	Steel Erection	S450	Mechanical Insulation
S321	Steel Reinforcing	S470*	Petroleum Systems
S322*	Metal Building Erection	S480*	Piers and Foundations
S323*	Structural Stud Erection		