

# APPENDIX FORM F: OWNER-WORKER STATUS REPORT

(copy as necessary)

**Instructions:** Please complete the following information for all owner-workers holding less than 8% ownership and for each officer, manager or other person involved in the supervision or management of the company. We **STRONGLY ENCOURAGE** you to complete this form in Microsoft Excel format which is available on our website at [www.dopl.utah.gov](http://www.dopl.utah.gov)  
**\$20.00 Registration Fee required for each owner-worker.** (Unless the owner was previously registered with the Division).

Company Name:	License Number:
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Last Name:		First Name:		Middle Name:	
Date of Birth:		Social Security Number:    -    -		Position Title:	
Address:				Percentage of Ownership:	
City:				State:	Zip Code:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this owner engage in the construction trade?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new owner?	If "Yes", provide date ownership began:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this ownership terminated?	Date ownership ended:			

Last Name:		First Name:		Middle Name:	
Date of Birth:		Social Security Number:    -    -		Position Title:	
Address:				Percentage of Ownership:	
City:				State:	Zip Code:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this owner engage in the construction trade?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new owner?	If "Yes", provide date ownership began:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this ownership terminated?	Date ownership ended:			

Last Name:		First Name:		Middle Name:	
Date of Birth:		Social Security Number:    -    -		Position Title:	
Address:				Percentage of Ownership:	
City:				State:	Zip Code:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this owner engage in the construction trade?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new owner?	If "Yes", provide date ownership began:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this ownership terminated?	Date ownership ended:			

Last Name:		First Name:		Middle Name:	
Date of Birth:		Social Security Number:    -    -		Position Title:	
Address:				Percentage of Ownership:	
City:				State:	Zip Code:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this owner engage in the construction trade?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new owner?	If "Yes" provide date ownership began:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this ownership terminated?	Date ownership ended:			

I hereby certify, under penalty of perjury, that to the best of my knowledge the information submitted on this report, including any additional pages or attachments, is accurate and complete.

Signature:	Signature Date:
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