



State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

BARBER (\$60.00 fee)

(Note: Microsoft Word users can download this form, fill in the blanks, print the form for submission and save it for their records)

Please list your full legal name as it appears on your driver's license, Social Security Card, etc.				
Last Name:		First Name:		Middle Name:
Social Security Number: - -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

EDUCATION REQUIREMENT: <i>(Use additional sheets if necessary.)</i>				
School Name:		Dates Attended	From:	To:
Location:		Telephone:	Hours Completed:	Date of Graduation:
School Name:		Dates Attended	From:	To:
Location:		Telephone:	Hours Completed:	Date of Graduation:

EXAMINATION REQUIREMENT: <i>(within one year prior to the date of application, if applicable)</i>				
<input type="checkbox"/> Utah/NIC Barber Practical Exam			Date Passed:	
<input type="checkbox"/> Utah/NIC Barber Theory Exam			Date Passed:	
Non-Utah Examination	State Name:			
<input type="checkbox"/> State Barber Theory Exam	Date Passed:		Score:	
<input type="checkbox"/> State Practical Exam	Date Passed:		Score:	

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY				
License/Certificate Number: _____				
Date License/Certificate Approved/Denied: ___/___/_____				
Approved/Denied By: _____				
Reason for Denial/Other Comments: _____				

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that 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 its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing 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 sanction.

Signature of Applicant: _____ Date of Signature: ___/___/_____

QUALIFYING QUESTIONNAIRE

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

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. 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 health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. 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 the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. 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??
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. 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? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (<i>i.e. plea-in-abeyance or deferred sentence</i>)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p>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 13, 14, 15, 16, or 17, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</p> <p>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.</p> <p>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</p> <p>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.</p>

Signature of Applicant: _____ Date of Signature: ___ / ___ / _____

UTAH BARBER LAW and RULE EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed

Barber, Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act, 58-11a- <http://dopl.utah.gov/laws/58-11a.pdf>
Barber, Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act Rule, R156-11a - <http://dopl.utah.gov/laws/R156-11a.pdf>

True	False	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. An applicant with a criminal conviction for any misdemeanor crime of violence or the use of a controlled substance may be considered ineligible for licensure for a period of three years from the termination of parole, probation, judicial proceeding or date of incident, whichever is later.
<input type="checkbox"/>	<input type="checkbox"/>	2. It is not unlawful conduct for any unlicensed individual to work in a licensed profession.
<input type="checkbox"/>	<input type="checkbox"/>	3. Any Barber apprentice instructor may have more than one apprentice at a time.
<input type="checkbox"/>	<input type="checkbox"/>	4. A qualification for licensure is good moral character.
<input type="checkbox"/>	<input type="checkbox"/>	5. An apprentice instructor may not be an employee of an apprentice or be involved in any relationship with an apprentice or others that would interfere with the instructor's ability to teach and train the apprentice.
<input type="checkbox"/>	<input type="checkbox"/>	6. Hours obtained while enrolled in a barber school may be used to satisfy the required apprentice training.
<input type="checkbox"/>	<input type="checkbox"/>	7. An apprentice may not be compensated for services performed.
<input type="checkbox"/>	<input type="checkbox"/>	8. Unless a licensee takes medically approved measures to prevent transmission of the disease, performing a procedure on a client who has a known contagious disease of a nature that may be transmitted by performing the procedure, may be considered unprofessional conduct.
<input type="checkbox"/>	<input type="checkbox"/>	9. Applicants for licensure as a barber shall pass the NIC Barber Theory and Practical Examinations.
<input type="checkbox"/>	<input type="checkbox"/>	10. There shall be a conspicuous sign near the workstation of the apprentice stating, "Apprentice in Training".
<input type="checkbox"/>	<input type="checkbox"/>	11. A licensed Barber may use chemicals during a barbering practice.
<input type="checkbox"/>	<input type="checkbox"/>	12. Each applicant for licensure by application shall provide satisfactory documentation of graduation from a recognized Barber or Cosmetology/Barber school whose curriculum consists the required hours for the profession.
<input type="checkbox"/>	<input type="checkbox"/>	13. Unprofessional conduct includes performing services within the scope of practice without having been adequately trained to perform such services.
<input type="checkbox"/>	<input type="checkbox"/>	14. A graduate from a barber school can immediately being working while he awaits his license.
<input type="checkbox"/>	<input type="checkbox"/>	15. Applicants with an active license in another jurisdiction may be licensed in the State of Utah but are not subject to Utah's Laws and Rules.
<input type="checkbox"/>	<input type="checkbox"/>	16. Applicants shall pass, within one year prior to the date of application, the required examinations with a passing score of at least 75% as determined by the examination provider.
<input type="checkbox"/>	<input type="checkbox"/>	17. Texts pertaining to the profession shall be available to the apprentice.
<input type="checkbox"/>	<input type="checkbox"/>	18. A licensed barber can perform eye lash extensions.
<input type="checkbox"/>	<input type="checkbox"/>	19. A person who is not licensed can work under a licensed individual.
<input type="checkbox"/>	<input type="checkbox"/>	20. You do not have to be a legal resident of United States to apply for a professional license.

Signature of Applicant: _____ Date of Signature: ___/___/_____

VERIFICATION OF GRADUATION

(Make additional copies as needed.)

TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the school that trained you. Request that the school complete the remainder of this form and return it to you in a sealed envelope for submission with your application. If the school insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #:	E-Mail:		Date Training Begin:		
School:				Phone #:	
Address:		City:		State:	ZIP Code:

Signature of Applicant: _____

Date of Signature: ___/___/___

TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE BARBER SCHOOL OR COSMETOLOGY/ BARBER SCHOOL:					
School Name:		School License #:		Phone #:	
Address:		City:		State:	ZIP:
Name of School Official:		Date Begun:		Date Completed:	
Total Barber Hours:			Grand Total Hours:		
TO BE COMPLETED IF TRANSFER CREDIT INCLUDED FOR GRADUATION:					
Previously Attended School Name:		School License #:		Phone #:	
Address:					
City:			State:		ZIP:
Previously Completed Program:		Date Begun:		Date Completed:	
Total Barber Hours Credited:			Total Hours Previously Completed:		
<p>I declare that the above named individual has fulfilled the education requirements for licensure as a barber pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct, and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission</p>					
Signature of School Official : _____					
Date of Signature: ___/___/___					
<p>NOTE: The original copy of this form must be submitted with the application for licensure.</p>					

Utah Division of Occupational and Professional Licensing

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COMPLETION OF APPRENTICE PROGRAM

(Make additional copies as needed.)

TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the employer that supervised you. Request that the supervisor complete the remainder of this form and return it to you in a sealed envelope for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #:	E-Mail:		Date Training Begin:		
Training Facility:				Phone #:	
Address:		City:		State:	ZIP Code:

Signature of Applicant: _____

Date of Signature: ____/____/____

TO BE COMPLETED BY THE INSTRUCTOR:

Instructor					
Last Name:		First Name:		Phone #: (xxx-xxx xxx)	
Business Name:			Instructor License #:		License State:
Address:		City:		State:	ZIP:
Date Program Began:		Date Program Ended:		Total Hours Completed:	

Signed copies of the Apprentice/Instructor Time Record and the Apprentice/Instructor Theory Services Record must be included with this form.

I declare under penalty of perjury that the information contained on this form is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Signature of Instructor: _____

Date of Signature: ____/____/____

NOTE: The original copy of this form must be submitted with the application for licensure.

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REQUEST FOR VERIFICATION OF OUT-OF-STATE LICENSE

TO BE COMPLETED BY THE APPLICANT:

If you now hold or have ever held a license in another state that is substantially equivalent to the license you are applying for in Utah, complete the first section of this form and submit it to the state that is verifying information for you. Request that the verifying state complete the remainder of this form and return it to you for submission with your application (*the verifying state may require a fee for this service*). If a verifying state insists on submitting the verification directly to DOPL, please inform DOPL of that fact.

Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	ZIP:
Social Security Number: - -	Date of Birth:	License #:	

I am requesting licensure in the state of Utah as a **BARBER**.

I have enclosed the necessary license verification fee in the amount of \$ _____.

Signature of Applicant: _____

Date of Signature: ____/____/____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Verifying State:	Name of Licensee (<i>as on verifying state's records</i>):		
License Type:	License #:	Current Status:	
Date Issued:	Date Expires:	<input type="checkbox"/> Licensed by Exam <input type="checkbox"/> Licensed by Endorsement from (state):	
Continuously Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>explain</i>):			
Education Required For Licensure:			
Examination Scores:			
Past, Current, or Pending Disciplinary Action: <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If Yes, attach certified copies of all Petitions, Orders, etc.</i>)			

Signature: _____ Title: _____

Agency: _____ Date of Signature: ____/____/____

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Utah Division of Occupational and Professional Licensing
 160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741

VERIFICATION OF WORK EXPERIENCE

(Make additional copies as needed.)

TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the employer that supervised you. Request that the supervisor complete the remainder of this form and return it to you for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #:		E-Mail:		Date Employment Begin:	
Employing Facility:				Phone #:	
Address:		City:		State:	ZIP Code:

Signature of Applicant: _____

Date of Signature: ____/____/____

TO BE COMPLETED BY EMPLOYER:

Employer					
Business Name:					
Last Name:		First Name:		Phone #:	
Position or Title:			License #:		License State:
Address:		City:		State:	ZIP:
Date Employment Began:		Date Employment Ended:		Hours Per Week:	Total Hours Completed:
Nature of Applicant's Duties:					
Was applicant's performance satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain:					

Signature of Employer: _____

Date of Signature: ____/____/____

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INSTRUCTIONS AND INFORMATION

General Statement: Submit a complete application form including all applicable supporting documents and fees. Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. Please provide and update your email address also. If authorized we may contact you using your email address.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If a SSN is not provided, the application is incomplete and may be denied.

If you have graduated from a Utah licensed barber school or cosmetology/barber school with a minimum of 1,000 hours:

1. Submit an original "Verification of Graduation" form (*contained in this application*). Request that a school official complete the form and return it to you **in a sealed envelope** to submit **with your application and fees**.

If you have graduated with a minimum of 1,000 hours from a recognized barber school or cosmetology/barber school in a state other than Utah:

1. Submit your **completed application and fees**, including the following:
2. Using the "Request for Verification of License" form (*contained in this application*), obtain verification of licensure from a state in which you are currently licensed as a barber. Request that the verifying state complete the form and mail it directly to DOPL. Indicate that a verifying state is submitting the verification.
3. Submit official documentation, verifying your passing score on a national barber practical examination or another state's barber practical examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*
4. Submit official documentation, verifying your passing score on a national barber theory examination or another state's barber theory examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*

If you have graduated from a recognized barber school or cosmetology/barber school with less than 1,000 hours in a state other than Utah and have enough hours of full-time paid employment as a licensed barber to equal 1,000 hours:

1. Submit your **completed application and fees**, including the following:
2. Using the "Request for Verification of License" form (*contained in this application*), obtain verification of licensure from a state in which you are currently licensed as a barber. Request that the verifying state complete the form and mail it directly to DOPL. Indicate that a verifying state is submitting the verification.
3. Submit official documentation, verifying your passing score on a national barber practical examination or another state's barber practical examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*
4. Submit official documentation, verifying your passing score on a national barber theory examination or another state's barber theory examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*
5. Submit "Verification of Work Experience" forms (*contained in this application*) documenting **at least enough hours** of full-time paid employment as a licensed barber **to equal the 1,000 hours required**. Request that your employer(s) complete the "Verification of Work Experience" form(s) and return them to you to submit **with your application**.

If you completed an approved barber apprenticeship program:

1. Submit an original "Completion of Apprentice Program" form (*contained in this application*). Request that your instructor complete the "Completion of Apprentice Program" form and return it to you to submit **with your application**.
2. Submit copies of an Apprentice/Instructor Time Record and an Apprentice/Instructor Theory & Services Record (*forms are available on the licensing webpage at www.dopl.utah.gov/licensing/cosmetology_barbering.html under "Related Information"*).

If you are a graduate of a foreign barber school or cosmetology/barber school:

1. Submit a credential evaluation from one of the approved credentialing services listed in this application. **Note:** All foreign applicants must have this evaluation completed prior to making application for licensure in Utah.

2. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Barber Practical Examination within the period of one year prior to the date of application.
3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Barber Theory Examination within the period of one year prior to the date of application.

Submit the \$60.00 non-refundable application-processing fee for a barber license, made payable to "DOPL."

ADDITIONAL IMPORTANT INFORMATION:

1. **Statutes and Rules/Current Documents:** Applications, statutes, rules, and forms are occasionally changed. The most recent version of these documents are available at www.dopl.utah.gov/licensing/cosmetology_barbering.html.
2. **License Renewal:** All barber licenses expire on **September 30 of odd-numbered years**. Utah's license renewal schedule is not based on the licensee's date of initial licensure. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license.
3. **PSI Examination Services:** Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the Utah Barber Theory and the Utah Barber Practical. Submit the fees directly to the testing agency.
4. **NIC Examinations:** National examinations for barbers are developed and administered by the National Interstate Council of State Boards of Cosmetology: 954-389-5302 or www.nicesting.org. The NIC Theory Examination is accepted by the state of Utah, if taken in another state.
5. **Temporary Licenses:** Temporary licenses are not issued.
6. **Foreign Education:** Applicants who have graduated from a foreign school must have an approved credential evaluation service evaluate their education documents prior to making application for licensure in Utah.
7. **Approved credentialing evaluation services for licensure are:**

Josef Silny & Associates Inc, International Education Consultants
 PO Box 248233; Coral Gables, Florida, 33124
 (305) 273-1616; E-mail: info@jsilny.com, Internet: www.jsilny.com

OR

Educational Credential Evaluators Inc.
 PO Box 514070; Milwaukee, Wisconsin, 53203-3470
 (414) 289-3400; E-mail: eval@ece.org, Internet: www.ece.org.
8. **Name Change:** If your supporting documentation is under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
9. **Mail Complete Application To:**

By U.S. Mail
 Division of Occupational & Professional Licensing
 P.O. Box 146741
 Salt Lake City, Utah 84114-6741

By Delivery or Express Mail
 Division of Occupational & Professional Licensing
 160 East 300 South, 1st Floor Lobby
 Salt Lake City, Utah 84111
10. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – toll-free in Utah
11. **Fax Number:** (801) 530-6511