



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

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> BARBER SCHOOL
<input type="checkbox"/> ELECTROLOGY SCHOOL
<input type="checkbox"/> COSMETOLOGY/BARBER SCHOOL | <input type="checkbox"/> ESTHETICS SCHOOL
<input type="checkbox"/> NAIL TECHNOLOGY SCHOOL |
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(\$110.00 fee non-refundable fee for **each** license)

(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 the <u>full legal name</u> as it appears on your business registration, Tax ID registration, etc.		
Business Legal Name:		
DBA:		
Federal Tax ID:		
State of Utah Tax ID:		
Other Utah School License Numbers <i>(if applicable)</i> :		
Business Mailing Address:		
Business City:	State:	ZIP:
Business Phone:	Business FAX:	Email Address:
Business License or Registration Number:		Expiration Date:
CONTACT PERSON FOR LICENSING PURPOSES:		
Last Name:	First Name:	
Title:	Middle Name:	
Utah License Number <i>(if applicable)</i> :		
Mailing Address:		
Mailing City:	State:	Zip:
Phone:	Email Address:	
BUSINESS ENTITY TYPE		
<input type="checkbox"/> "C" Corporation	Utah Corporation Number:	Date of Incorporation:
<input type="checkbox"/> "S" Corporation		
<input type="checkbox"/> General Partnership	Date of Partnership Agreement:	
<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Limited liability Company	Number:	Date Filed:
<input type="checkbox"/> Other Type of Business:		

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 under penalty of perjury that I am a United States citizen, a qualified alien as defined in 8 U.S.C. Sec. 1641, or I am lawfully present in the United States.
2. I certify that am qualified in all respects for the license for which I am applying in this application.
3. 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.
4. 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.
5. 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: _____ Position: _____ Date of Signature: ___/___/_____

SCHOOL INSTRUCTORS: <i>(Use additional sheets if necessary.)</i>			
Licensed as Name:		Phone:	
Mailing Address:			
City		State:	Zip:
Utah Instructor License Number:		Utah License Number:	
Licensed as Name:		Phone:	
Mailing Address:			
City		State:	Zip:
Utah Instructor License Number:		Utah License Number:	
Licensed as Name:		Phone:	
Mailing Address:			
City		State:	Zip:
Utah Instructor License Number:		Utah License Number:	
Licensed as Name:		Phone:	
Mailing Address:			
City		State:	Zip:
Utah Instructor License Number:		Utah License Number:	
Licensed as Name:		Phone:	
Mailing Address:			
City		State:	Zip:
Utah Instructor License Number:		Utah License Number:	
Licensed as Name:		Phone:	
Mailing Address:			
City		State:	Zip:
Utah Instructor License Number:		Utah License Number:	
Licensed as Name:		Phone:	
Mailing Address:			
City		State:	Zip:
Utah Instructor License Number:		Utah License Number:	

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. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant 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. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any professional licensing agency or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently under investigation or is any disciplinary action pending now by any licensing agency or governmental agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action now pending against any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant 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 any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant pose a direct threat to himself/herself, 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. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant 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. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever had a documented case as the abuser in any incident of verbal, physical, mental, or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant been terminated from a position because of drug use or abuse within the last 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently using or have you recently (within 90 days) used any drugs (including recreational drugs) 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	12. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which he/she has not otherwise been successfully rehabilitated??
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Does any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever had a documented case in which he/she was involved as the abuser in any incident of verbal, physical, mental or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Does any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant 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	16. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant, in the past ten (10) years, been allowed to plead guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant 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?



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, 17 or 18, 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).

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.

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.

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.

ADDITIONAL QUALIFYING INFORMATION:

Name of the accrediting commission by which you intend to become accredited:

Date you anticipate applying for candidate status for accreditation:

(NOTE: You must apply within 30 days of licensure and have received candidate status within twelve (12) months of being licensed as a school in the state.)

Date you anticipate becoming accredited:

(NOTE: You must receive accreditation within 24 months of achieving candidate status.)

List the total square feet of the floor space occupied by the school:

Number of workstations:

Number of reclining chairs:

Number of student lockers:

List the square feet of floor space of the student break room:

List the square feet of floor space of the clinic:

List the square feet of floor space of the classroom:

Yes No Is a sign posted in a conspicuous place that states?

“All services in this school are performed by students in training.”

Applications with incomplete attachments will not be considered and may be denied.

Do not submit this page with your application. This check list is for your information.

<input type="checkbox"/>	Submit a complete current application form including all applicable supporting documents. Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure.
<input type="checkbox"/>	Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
<input type="checkbox"/>	Submit a \$110.00 non-refundable application-processing fee for each applicable license.
<input type="checkbox"/>	Submit a copy of the business license from the jurisdiction (city, town or county) in which the school is located.
<input type="checkbox"/>	Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.
Your instructors must hold the professional license in the applicable profession before you submit your completed application and fees.	
<input type="checkbox"/>	Barber School: provide documentation that the curriculum meets the requirements of R156-11a-700 with a minimum of 1,000 hours. <i>Note: this is NOT a copy of the curriculum shown in the Rule.</i>
<input type="checkbox"/>	Cosmetology/Barber School: provide documentation that the curriculum meets the requirements of R156-11a-705 with a minimum of 2,000 hours. <i>Note: this is NOT a copy of the curriculum shown in the Rule.</i>
<input type="checkbox"/>	Electrology School: provide documentation that the curriculum meets the requirements of R156-11a-701 with a minimum of 600 hours. <i>Note: this is NOT a copy of the curriculum shown in the Rule.</i>
<input type="checkbox"/>	Esthetics School: provide documentation that the curriculum meets the requirements of R156-11a-702 with a minimum of 600 hours for a basic program and R156-11a-703 with a minimum of 1,200 hours for a Master program. You must also provide documentation that the curriculum meets the requirements for a 600 hour stand-alone Master program. <i>Note: this is NOT a copy of the curriculum shown in the Rule.</i>
<input type="checkbox"/>	Nail Technology School: provide documentation that the curriculum meets the requirements of R156-11a-704 with a minimum of 300 hours. <i>Note: this is NOT a copy of the curriculum shown in the Rule.</i>

ADDITIONAL IMPORTANT INFORMATION:

- 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.
- License Renewal:** All school 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.
- Post Licensure Requirement:** Once you receive your school license from DOPL, you must contact the Utah Division of Consumer Protection ((801) 530-6481) to apply for and obtain a Post Secondary School Waiver. **NOTE:** Once obtained, you are not required to submit this waiver to DOPL, but you must maintain it on file for future audits.
- Temporary Licenses:** Temporary licenses are not issued.
- Change of Entity:** A change of ownership or business organization requires a new application and fees. Changes in ownership, caused by a change in the stockholders in the corporation which are publicly listed and whose stock is publicly traded, are exempt.

Additionally, you are required to notify DOPL if the license school closes. You will be required to surrender the applicable license and provide information on the person who will be maintaining all student records according to Subsection R156-11a-605(1) of the Barber, Cosmetologist/Barber, Esthetician, Electrologist, and Nail Technician Licensing Act Rule.

6. 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

- Telephone Numbers:** (801) 530-6628
(866) 275-3675 – toll-free in Utah
- Fax Number:** (801) 530-6511