

# APPENDIX FORM G: OWNER-WORKER REGISTRATION FORM

**This Appendix is required for each owner-worker holding less than 8% ownership.** *(copy as necessary)*  
**\$20.00 Registration Fee required for each owner-worker.** *(Unless the owner was previously registered with the Division).*

Contractor Name:	License Number:
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**\*\*\*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: <i>(select only one)</i>		
<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. <i>Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.</i>		
<input type="checkbox"/> I am a qualified alien as defined in 8 U.S.C. Sec 1641, 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 qualified alien, as defined in 8 U.S.C. Sec 1641, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. I understand that I am required to visit DOPL's offices and present government issued ID bearing my photo and evidence of one, or both of the following: Alien ID Number: _____ I-94 Number: _____		
<input type="checkbox"/> I am a foreign national not physically present in the United States.		
Mailing Address:		
City:	State:	ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:
E-Mail:		

## OWNER AFFIDAVIT AND RELEASE AUTHORIZATION

I hereby verify, under penalties of perjury, that to the best of my knowledge the information submitted on this registration and any supporting documentation provided is accurate and complete and discloses all material fact. I further hereby authorize the Division to contact any person or entity to verify my qualifications.

Owner Signature:	Date Signed:
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## FINANCIAL RESPONSIBILITY QUESTIONNAIRE

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>1.</b> Have you enclosed a copy of credit reports or submitted Appendix Form E: Credit Report Authorization?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2.</b> Within the last 2 years have you or any entity in which you are or ever have been an owner or qualifier been delinquent in payment of a debt or obligation, including but not limited to any of the following obligations: state or federal income taxes, payroll withholding, unemployment, workers' compensation, liability insurance premiums, debts to subcontractors, suppliers, the Residence Lien Recovery Fund, credit cards, banks, alimony, child support; or have you filed bankruptcy within the last 7 years; or have you had a judgment(s) entered against you within the last 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>3.</b> Does the current value of all real and personal property you own exceed the total liabilities you owe? <i>(Liabilities include any obligation owed to any party including any of the obligations listed in question 1 above.)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4.</b> What is the largest amount of the delinquent payments owed at any one time? <i>(Provide the total of the amount of all delinquent payments that were not paid on a timely basis)</i>
	<b>5. If you answered "YES" to question 2, "NO" to question 3 or had delinquencies listed in question 4, you may not qualify for ownership unless you post an owner license bond. You may wish to apply for ownership after you are able to demonstrate you are financially responsible. If you believe you may still qualify for ownership, answer the following additional questions:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>a.</b> Have you attached a license bond form? (Appendix Form D: Contractor's License Bond)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>b.</b> Have you enclosed copies of any judgments or tax liens that have been entered against you or the entities in which you have been an owner and evidence that these obligations are now paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>c.</b> Have you enclosed a copy of your bankruptcy schedules?

<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Have you enclosed a current financial statement?
<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Have you enclosed a 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?

<b>QUALIFYING QUESTIONNAIRE</b> <i>(copy as necessary)</i>		
<b>Complete one questionnaire for each Owner-Worker.</b>		
<b>Yes</b>	<b>No</b>	<b>Question - Answer “Yes” or “No” to each question.</b>
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	2. Have you ever applied for or become registered with the Residence Lien Recovery Fund under any name other than the name listed on this application?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/>	<input type="checkbox"/>	4. 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"/>	<input type="checkbox"/>	5. 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?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or government agency?
<input type="checkbox"/>	<input type="checkbox"/>	7. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/>	<input type="checkbox"/>	8. 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"/>	<input type="checkbox"/>	9. 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"/>	<input type="checkbox"/>	10. Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you ever been terminated from a position because of drug use or abuse?
<input type="checkbox"/>	<input type="checkbox"/>	12. 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"/>	<input type="checkbox"/>	13. Have you ever used any 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, 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"/>	<input type="checkbox"/>	14. Do you currently have any criminal action pending?
<input type="checkbox"/>	<input type="checkbox"/>	15. 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"/>	<input type="checkbox"/>	16. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	17. Have you, in the past ten (10) years, been allowed to plead 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"/>	<input type="checkbox"/>	18. 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?
<input type="checkbox"/>	<input type="checkbox"/>	19. In the past 5 years has any company in which you have been an owner, been delinquent in payment of any obligation, including but not limited to any of the following: state or federal income taxes, payroll withholding, unemployment, workers’ compensation, and liability insurance premiums, debts to subcontractors, suppliers, the Residence Lien Recovery Fund, credit cards, banks, alimony, child support; or have you filed bankruptcy within the last 7 years; or have you had a judgment(s) entered against you within the last 5 years. $\diamond^{10}$ & $\diamond^{12}$
<input type="checkbox"/>	<input type="checkbox"/>	20. Have you read and do you understand all statutes and rules pertaining to the practice as a contractor in the state of Utah, and do you agree to comply with such?



If you answered “Yes” to questions 1 thru 5 above, provide a full explanation including the state in which licensed, name on license, type of license, license number and current license status.



If you answered “Yes” to questions 14, 15, 16, 17, or 18 above, 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). Additional information may also be considered.

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.



If you answered "Yes" to question #19, provide a full written explanation, bankruptcy schedules, a financial statement and current tax return. You will be required to provide a credit report that has been obtained within the past 30 days.

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If you answered "Yes" to question 1 through 19, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. 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.