

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

**AFFIRMATION OF EXEMPTION FROM CONTRACTOR
LICENSURE**

INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate efficient application processing, **please submit a complete affirmation of exemption form including any applicable supporting documents.** Failure to submit a completed form and supply all necessary information will delay processing and may result in denial of affirmation of exemption registration. **Please read all instructions carefully.**

Current Documents: Applications, statutes, rules, and forms are occasionally changed. Please go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

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


Applicable Laws: A contractor performing work which has a total value of materials and labor under \$3,000 is exempt from contractor licensing requirements except that an exempt contractor cannot perform any electrical, plumbing, or mechanical work or alarm system installations.
















If, however, the contractor is performing work which has a total value of materials and labor of over \$1,000 the contractor must file an affirmation of exemption which includes verification that the contractor has liability insurance and workers compensation insurance.

We have summarized the requirements for affirmation for exemption in this form. Please note, however, that the Utah Construction Trade Licensing Act and the Utah Construction Trade Licensing Act Rules are the controlling laws that apply. Applicants may need to refer to those laws for more specific direction. Copies of these laws are available at <http://dopl.utah.gov/licensing/contracting.html>.

This Affirmation of Exemption form references the Detailed Instructions where you will find additional information needed to complete this form. Points of reference to the Detailed Instructions are indicated with a question mark symbol and a number (i.e. ¹). The number corresponds to a number in the Detailed Instructions found starting on page 5. Portions of the instructions may not apply to all applicants but have been included in the information for those applicants for whom the provision may apply.

AFFIRMATION OF EXEMPTION FROM CONTRACTOR LICENSURE

(If marked with  see the numbered instruction in the Detailed Instructions starting on page 5.)

C O M P L E T E O N L Y O N E	<p>APPLYING AS A SOLE PROPRIETORSHIP ¹ & ²:</p> <p>Individual's Legal Name ²: _____</p> <p>I certify under penalty of perjury that I am a United States citizen, or a qualified alien as defined in 8 U.S.C., Sec 1641 who is lawfully present in the United States.</p> <p>Social Security Number ³: ____-____-____</p> <p>Business Legal Name - DBA ²: _____ <i>(most applicants use a DBA)</i></p> <p>Utah Division of Corporations DBA Registration Number ²: _____</p> <p>Employer Identification Number (EIN) ⁵: _____</p> <hr/> <p>APPLYING AS ANY OTHER BUSINESS ENTITY ¹ & ⁴:</p> <p>Type of Business Entity (<i>Check only one</i>):</p> <p><input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Other Type of Business: _____</p> <p>Business Entity's Legal Name ⁴: _____</p> <p>Utah Division of Corporations Entity Registration Number ⁴: _____ <i>(required for all applications other than a Sole Proprietorship)</i></p> <p>DBA (<i>if applicable</i>) ⁴: _____</p> <p>Utah Division of Corporations DBA Registration Number ⁴: _____</p> <p>Employer Identification Number (EIN) ⁵: _____</p> <hr/> <p>Business Mailing Address ⁶: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone(s): _____</p> <p>E-mail Address (<i>if available</i>): _____</p> <hr/> <p><i>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</i></p> <p>Affirmation/Exemption Registration Number: _____</p> <p>Date Affirmation/Exemption Registration Approved: ____/____/____ (<i>mm/dd/yyyy</i>)</p> <p>Approved By: _____</p> <p>Date Affirmation/Exemption Registration Denied: ____/____/____ (<i>mm/dd/yyyy</i>)</p> <p>Denied By: _____</p> <p>Reason for Denial/Other Comments: _____</p>
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AFFIDAVIT AND RELEASE AUTHORIZATION

This signed affidavit and release is required for the Applicant listed on Page 3.

I hereby verify under penalties of perjury that to the best of my knowledge, the information submitted on this form and any supporting documentation provided is accurate and complete and discloses all material facts regarding the affirmation; and that I am authorized to sign this affirmation on behalf of the Applicant; and that I hereby authorize the Division to contact any person or entity to verify the Applicant's affirmation.

Printed Name of Authorized Signer: _____

Position of Authorized Signer: _____

Signature of Authorized Signer: _____


Date of Signature: ____/____/____ (mm/dd/yyyy)

Submit \$35.00 Affirmation of Exemption Non-refundable filing fee

Required Liability Insurance Information Checklist: ⁷ (Required for all applicants.)

<input type="checkbox"/> Yes	Complete all the following: (or you may enclose your Liability Insurance Certificate showing all of the following)
<input type="checkbox"/>	Verify that the Name of the Insured on the Certificate is the Applicant as shown on page 3.
<input type="checkbox"/>	Provide the Policy #: _____
<input type="checkbox"/>	Provide the Expiration Date: ____/____/____ (mm/dd/yyyy)
<input type="checkbox"/>	Provide the Insurance Company name: _____
<input type="checkbox"/>	Provide the Insurance Company address, phone number and contact person: _____
<input type="checkbox"/>	Verify that the liability coverage has the minimum required coverage of \$100,000 for each incident and \$300,000 in total.
<input type="checkbox"/>	Verify that DOPL is named as the Certificate Holder with the correct address.

Required Workers Compensation Insurance Information: (You must do one of these two (2) alternatives)

<input type="checkbox"/> Yes	Alternative #1: Complete all the following: (or you may enclose your Insurance Certificate showing all of the following)
<input type="checkbox"/>	Verify that the Name of the Insured on the Certificate is the Applicant as shown on page 3.
<input type="checkbox"/>	Provide the Policy #: _____
<input type="checkbox"/>	Provide the Expiration Date: ____/____/____ (mm/dd/yyyy)
<input type="checkbox"/>	Provide the Insurance Company name: _____
<input type="checkbox"/>	Provide the Insurance Company address, phone number and contact person: _____
<input type="checkbox"/>	Verify that DOPL is named as the Certificate Holder with the correct address.
<input type="checkbox"/> Yes	Alternative #2:
<input type="checkbox"/>	Acknowledge that the Applicant does not now hire employees and does not intend to hire employees within the foreseeable future. (Applicable only if applicant claims exemption from workers compensation insurance.)  ⁸

◇ ? Detailed Instructions ? ◇

1. **Form of entity:** If you still have not decided the form of entity in which you will operate your business in, additional information can be obtained in the **Contractor Examinations Candidate Information Bulletin** available at www.dopl.utah.gov or in Chapter 2 from the *Contractors Guide to Business, Law and Project Management, Utah Contractors Reference Manual, 2007 Edition* published by the National Association of State Contractors Licensing Agencies (NASCLA) which is available for purchase from PSI at www.psiexams.com or phone (800) 733-9267. You may also wish to consult with an attorney or CPA to advise you which form of entity is best for your situation.
2. **Sole Proprietorships / DBAs:** When an applicant is a sole proprietor, the exemption certificate will be granted in the individual's legal name. Most sole proprietor applicants however choose to add a description to their legal name or choose to have a trade name for purposes of engaging in a contracting business. For example: John Doe Handyman Service or XYZ Handyman Company.

If any description is added to a person's given name or any trade name is used that is referred to as a DBA (*Doing Business As*). If a person uses a DBA, it must be registered with the Utah Division of Corporations. You may obtain forms to register a DBA at www.corporations.utah.gov.

If a sole proprietor does not register a DBA, the exemption certificate will be issued only in the person's given name and that will be the only name they can use in conducting their contracting business.

3. **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 an SSN is not provided, the application is incomplete and may be denied.
4. **Business legal name – DBA – Entities:** If the applicant is any type of entity other than a sole proprietor operating only under their legal name, the applicant must be registered with the Utah Division of Corporations. The form of that registration may vary from a DBA (*Doing Business As*) registration or registration of the business entity such as: a corporation, partnership, limited liability or other type of entity. Business Entity and DBA registration forms are available at www.corporations.utah.gov.

The name on the business entity registration with the Utah Division of Corporations is the business legal name of the business entity which should be listed on the application; and is the name that will appear on the exemption certificate that may be issued. In addition to the entity registration, a business entity may register one or more DBAs. For a business entity other than a sole proprietorship or partnership, the DBA will not be printed on the exemption certificate.

5. **Employer Identification Number (EIN):** Any applicant who is a corporation or similar entity or who hires employees is required to obtain an Employer Identification Number from the

Internal Revenue Service (IRS). This is sometimes referred to as a Federal ID Number. Application forms to apply for an EIN are available at www.irs.gov. For Sole Proprietorships who do not hire employees, this is not required.

6. **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. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order. Address changes can be made online at www.dopl.utah.gov.
7. **General Liability Insurance:** All applicants must verify Liability Insurance coverage, by providing an active policy number, with its expiration date, as issued by the applicant's public liability insurance carrier. You must also provide information on the insurance company and the contact information. **A copy of the insurance certificate may be provided rather than listing the information on the form.** We do not accept incomplete or inaccurate certificates. The minimum required coverage is \$100,000 for each incident and \$300,000 in total.

The named insured (*on a Sole Proprietorship this should include both the legal name and the DBA if applicable*); including the type of business entity (*Inc., LLC, etc.*) and address of insured listed on the certificate must be the name and address of the applicant. The certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

NOTE: An active insurance policy must be maintained by all exemption registrants, whether or not current construction activity is being performed. If liability insurance is cancelled, the registrant should surrender the exemption certificate.

8. **Workers Compensation Insurance (Employees):** If the applicant currently has employees, or intends to hire employees in the next year, the applicants must verify Workers Compensation Insurance coverage, by providing an active policy number, with its expiration date, as issued by the applicant's workers compensation insurance carrier. You must also provide information on the insurance company and the contact information. **A copy of the insurance certificate may be provided rather than listing the information on the form.** We do not accept incomplete or inaccurate certificates.

NOTE: An active policy must be maintained by all exemption registrants, whether or not current construction activity is being performed.