STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

REGISTRATION WITH THE UTAH RESIDENCE LIEN RECOVERY FUND

APPLICATION 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 registration. To facilitate the application process, **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 registration. **Please read all instructions carefully.** DOPL cannot and will not act as an agent for the applicant to gather the documents necessary to complete the application.

SUPPORTING DOCUMENTS AND FEES:

1. Submit a complete Application for Registration with the Utah Residence Lien Recovery Fund.

2. Submit evidence of registration of any assumed name (*doing business as or DBA*) or business legal entity registration with the Utah Division of Corporations.

3. Submit the registration and processing fee applicable to your registration classification, made payable to "DOPL-LRF."

Fee Type	Contractor Exempt from Licensure	Supplier	Licensed Professional
Initial Registration	$195.00	$195.00	$195.00
2011 Special Assessment	75.00	75.00	75.00
Application Processing Fee	25.00	25.00	25.00
Total Fee Due	$295.00	$295.00	$295.00

If the application for registration is denied, the Initial Registration fee and the 2011 Special Assessment fee will be refunded. **The Application Processing Fee is NOT refundable.**

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your membership in the Residence Lien Recovery Fund:

   - Utah Residence Lien Restriction and Lien Recovery Fund Act (*Title 38, Chapter 11 Utah Code Annotated*)
   - Residence Lien Restriction and Lien Recovery Fund Rules (*R156-38a Utah Administrative Code*)

   Copies of these laws and rules may be obtained on DOPL's website: www.dopl.utah.gov

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

3. **Updating Address Information:** It is the registrant's responsibility to maintain a current address with the Fund. All correspondence will be sent to the last known address shown on the Fund's records. If the registrant's address or any other pertinent information should change, the registrant must notify the Fund of this change in writing.

4. **Mail Complete Application to:**

   By U.S. Mail
   Residence Lien Recovery Fund
   P.O. Box 146741
   Salt Lake City, Utah 84114-6741

   By Delivery or Express Mail

   Residence Lien Recovery Fund
   160 East 300 South, 1st Floor Lobby
   Salt Lake City, Utah 84111

5. **Telephone Numbers:** (801) 530-6104

   (866) ASK-DOPL – Toll-free in Utah
   (866) 275-3675

6. **Fax Number:** (801) 530-6511 – attn: LRF

7. **Email**: lrf@utah.gov

APPLICATION FOR REGISTRATION

GENERAL INFORMATION

Registration Applying For: **RESIDENCE LIEN RECOVERY FUND MEMBERSHIP**

Business Name: _____

Federal Taxpayer ID Number / Social Security Number: _____

Have You Ever Registered with the Lien Recovery Fund Before? Yes _____ No _____

If Yes, Under what Business Name: _____

If Yes, What Registration Number: _____

MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

REGISTRATION CLASSIFICATION (please choose one):

_____ Supplier

_____ Contractor Exempt from Licensure. Classification: _____

_____ Licensed Professional Entity

☐ Architectural Services ☐ Professional Engineering Services

☐ Land Surveying Services ☐ Landscape Architectural Services

☐ Other, explain: _____

CONTACT PERSON FOR LIEN RECOVERY FUND PURPOSES:

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

BUSINESS ENTITY FORM:

_____ Corporation — Utah Corporation Number: _____

_____ Partnership
☐ General or ☐ Limited Utah DBA Number: _____
☐ Limited Liability Utah LLP Number: _____

_____ Sole Proprietorship — Utah DBA Number: _____

_____ Limited Liability Company — Utah LLC Number: _____

DISCLOSURE OF NATURE OF BUSINESS:

Please describe how your business is involved in residential construction.
(*Use additional sheets if necessary.*)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

RESIDENCE LIEN RECOVERY FUND

QUALIFYING QUESTIONNAIRE

Please complete the following questionnaire. If the applicant is a supplier, contractor exempt from licensure, or qualified professional entity, please complete Section "A" below. If the applicant is a licensed contractor, please complete Section "B" below.

Answer each question "**yes**" or "**no**." Do not leave any question blank.

A. Suppliers, Contractors Exempt from Licensure, and Professional Entities
Has the applicant, any officer, director, partner, proprietor, shareholder (*unless publicly traded*), member, owner, or manager associated with or employed by the applicant:

1. _____ ever applied for or received a license from the Division of Occupational and Professional Licensing under any name other than the name listed on this application?
2. _____ ever applied for or become a registrant in the Residence Lien Recovery Fund under any name other than the name listed on this application?
3. _____ ever been named as nonpaying party in a claim paid by the Residence Lien Recovery Fund for which full restitution has not been made?

B. Licensed Contractors
Has the applicant, any officer, director, partner, proprietor, shareholder (*unless publicly traded*), member, owner, or qualifier associated with or employed by the applicant:

1. _____ ever filed claim with the Residence Lien Recovery Fund as the result of construction activities in which they were involved for which the claim is still pending?
2. _____ ever applied for or become registered in the Residence Lien Recovery Fund under any name other than the name listed on this application?
3. _____ ever been named as nonpaying party in a claim paid by the Residence Lien Recovery Fund for which full restitution has not been made?

If you answered "yes" to any of the above questions, please submit a written explanation. The explanation must specify which question is being explained, why the question was answered "yes," and the current status of the situation that led to a "yes" answer.

Note, a "yes" answer does not necessarily mean the applicant will not be granted registration. However, DOPL may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant or agent for the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that claimants who report false information, withhold information, or present false or misleading documentation pertinent to registration with the Lien Recovery Fund to which they are not entitled will be disqualified from registration and may be subject to both criminal prosecution and civil penalties.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, 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 registration with the Utah Residence Lien Recovery Fund.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____