

| |
|-----------------------------|
| <i>Official Use Only</i> |
| Number: _____ |
| Date Approved/Denied: _____ |
| Approved/Denied By: _____ |

Contractor: All Classifications

APPLICANT INFORMATION

Business Legal Name _____
**Note: If you are a Sole Proprietor, this is your full legal name.*

DBA (if applicable): _____

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ **Email:** _____

Local Contact for Licensing Purposes: _____

Phone: _____ **Email:** _____

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers and prior entities for which these individuals have been involved.

AFFIDAVIT AND RELEASE

1. I certify that I 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 all supporting document(s) are true and correct, 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, organizations, governmental agencies, or any others not specifically listed, 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 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 sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

BUSINESS ORGANIZATION

Please select entity type:

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

If registered as one of the above entities in Utah, complete Section 1 below.

- Sole Proprietorship
If registered as sole proprietorship, complete Section 2 below.

Section 1: To be completed by Trust, Corporation, GP, LLC, LP and LLP applicants only.

UT Division of Corporation Registration Number*: _____ EIN: _____

Select one: Domestic Foreign Is this company publicly traded? Yes No

DBA (if applicable) : _____ DBA Registration Number: _____

**It is required that all entities doing business in Utah register with the Division of Corporation and Commercial Code.*

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State Id Card: _____
State of Issue ID/License Number Expiration Date

NOTE: If you do not hold a US Driver's License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

If applicable, please complete the following:

UT Division of Corporation Registration Number: _____ SSN or EIN: _____

DBA: _____ DBA Registration Number: _____

QUALIFYING QUESTIONNAIRE

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

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.

| | |
|--|---|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | 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? |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | 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? |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ? |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored? |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No | 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? |
| 6. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years? |
| 7. <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 applicable state or federal laws? |
| 8. <input type="checkbox"/> Yes <input type="checkbox"/> No | 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? |
| 9. <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you currently have any criminal action pending?* |
| 10. <input type="checkbox"/> Yes <input type="checkbox"/> No | 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? * |
| 11. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?* |
| 12. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?* |

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

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 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- 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.

FINANCIAL RESPONSIBILITY

| | |
|---|--|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | Within the last eight years , has the applicant, the proposed qualifier, any owner, <u>or</u> any prior entities for which these individuals have been involved had any judgments, liens, taxes , or child support delinquencies levied against them? |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | Within the last seven years has the applicant, the proposed qualifier, any owner <u>or</u> any prior entities for which these individuals have been involved filed for bankruptcy ? |

If you answered **YES** to any of the questions above, you **MUST** submit the following:

- **Copies of any judgments or tax liens** and evidence that it has been paid or in an approved payment plan.
- A **credit report authorization**. (Complete page 8).

QUALIFIER INFORMATION AND CLASSIFICATION

Qualifier's Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Email: _____ **Phone:** _____

| | |
|---|--|
| Association with Contractor | <input type="checkbox"/> Owner of at least 20% OR <input type="checkbox"/> W-2 Employee in Management Position |
| Qualifier ID & Authorization to Work | SSN _____ - _____ - _____ U.S. Driver License No. _____ State _____ Exp _____ You may be required to submit a copy of Driver License, State ID, Social Security Card (SSN), or other evidence of lawful presence and/or work authorization. |
| Pre-License Course | <input type="checkbox"/> 25 Hour Pre- License Course OR <input type="checkbox"/> Degree in Construction Management (transcript required) OR <input type="checkbox"/> Licensed Professional or Structural Engineer (E-100 only) |

Classifications:

Requirements:

| | |
|--|--|
| <input type="checkbox"/> B-100 General Building Contractor <input type="checkbox"/> E-100 General Engineering Contractor <input type="checkbox"/> R-100 Residential & Small Commercial Contractor | <input type="checkbox"/> Trade Exam (B100, R100 or E100 Exam) <input type="checkbox"/> Utah Laws & Rules Exam Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examinations. PSI will send the results directly to DOPL. Submit the fees directly to PSI. Do not submit your application until you have passed all required exams. <input type="checkbox"/> 2 years of Experience within last 10 years AND at least one year of supervisory experience Documentation must include the "Affidavit of Experience" found on page 6 and W-2 forms or tax returns -OR - <input type="checkbox"/> Previous Qualifier for License No. _____ |
|--|--|

| | |
|--|--|
| <input type="checkbox"/> E-200 General Electrical Contractor <input type="checkbox"/> E-201 Residential Electrical Contractor | Must be Master Electrician Master Electrician License No: _____ <input type="checkbox"/> Utah Laws & Rules Exam |
|--|--|

| | |
|--|--|
| <input type="checkbox"/> P-200 General Plumbing Contractor <input type="checkbox"/> P-201 Residential Plumbing Contractor | Must be Master Plumber Master Plumber License No: _____ <input type="checkbox"/> Utah Laws & Rules Exam |
|--|--|

| | |
|---|--|
| <input type="checkbox"/> Specialty Contractor (limit 3 classifications): 1. _____ 2. _____ 3. _____ | No Trade Exam Required. No Utah Laws & Rules Exam Required. No Experience Required. If S510, Elevator Mechanic License required. License No. _____ If S354 Radon Mitigation, NRPP or NEHA certificate No. _____ If E202 Solar Photovoltaic, NABCEP certificate No: _____ If S700 Specialty License, requires detailed written scope of practice description along with application. <i>(Not common)</i> |
|---|--|

IF YOU HAVE MORE THAN ONE QUALIFIER, YOU MUST MAKE COPIES OF THIS FORM AND COMPLETE FOR EACH QUALIFIER

CONTRACTOR TRADE CLASSIFICATIONS

| | | | |
|------|--|------|---|
| E100 | General Engineering Contractor | S300 | General Painting Contractor |
| B100 | General Building Contractor | S310 | Excavation and Grading Contractor |
| B200 | Modular Unit Installation Contractor | S320 | Steel Erection Contractor |
| R100 | Residential/Small Commercial Contractor | S330 | Landscaping Contractor |
| R101 | Residential/Small Commercial Non-Structural Remodel/Repair | S340 | Sheet Metal Contractor |
| | | S350 | HVAC Contractor |
| R200 | Factory Built Housing Contractor | S354 | Radon Mitigation |
| E200 | General Electrical Contractor | S360 | Refrigeration Contractor |
| E201 | Residential Electrical Contractor | S370 | Fire Suppression Systems Contractor |
| E202 | Solar Photovoltaic Contractor | S380 | Swimming Pool and Spa Contractor |
| P200 | General Plumbing Contractor | S390 | Sewer and Waste Water Pipeline Contractor |
| P201 | Residential Plumbing Contractor | S400 | Asphalt Paving Contractor |
| P202 | Boiler Installation Contractor | S410 | Pipeline and Conduit Contractor |
| P203 | Irrigation Sprinkler Contractor | S420 | General Fencing Contractor |
| P204 | Industrial Piping Contractor | S430 | Metal Firebox & Fuel Burning Installer |
| P205 | Water Conditioning Equipment Contractor | S440 | Sign Installation Contractor |
| P206 | Solar Thermal Systems Contractor | S450 | Mechanical Insulation Contractor |
| P207 | Residential Sewer /Septic Tank Contractor | S460 | Wrecking and Demolition Contractor |
| S220 | Carpentry Contractor | S470 | Petroleum Systems Contractor |
| S230 | Siding Contractor | S480 | Piers and Foundations Contractor |
| S240 | Glass and Glazing Contractor | S490 | Wood Flooring Contractor |
| S250 | Insulation Contractor | S500 | Sports & Athletic Courts Contractor |
| S260 | General Concrete Contractor | S510 | Elevator Contractor |
| S270 | General Drywall and Plastering Contractor | S600 | General Stucco Contractor |
| S280 | General Roofing Contractor | S700 | Specialty License Contractor |
| S290 | General Masonry Contractor | | |

PAYROLL & INSURANCE

- The applicant **HAS EMPLOYEES** or **OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP** and appropriate workers compensation insurance is in force and will be maintained. You **MUST** provide the following:
- 1. A copy of your **workers compensation certificate**
- AND**
- 2. The following information:
 - Department of Workforce Services Unemployment Insurance Registration Number: _____
 - State Tax Commission Withholding Tax Account Number: _____
 - Federal (IRS) Employee Identification Number: _____
- OR**
- Enclose a copy of your signed contract with a registered PEO
- The applicant does **NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES** within the foreseeable future.

Affidavit of Experience

This form is to be used by new qualifiers. Previously approved qualifiers do not need to complete this form. Each employer must complete a separate form, and the total of all forms must equal 4000 hours.

****ONLY REQUIRED FOR B-100, R-100 and E-100 CLASSIFICATIONS****

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EMPLOYMENT INFORMATION

To be completed by the Supervisor or HR Representative:

Name of Contractor: _____ **License #:** _____

Name of Supervisor: _____

Company Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Employment/Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Total Hours worked: _____

Hourly Rate or Salary: _____

| | | | |
|-------------------------|--|--|--|
| WORK | Describe the applicant's work: | | |
| | | | |
| | | | |
| SUPERVISORY WORK | Did the applicant's work include supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Hours of Supervisory Experience: | |
| | If "yes", describe duties: | | |
| | | | |
| | | | |

I do hereby certify that the applicant for a contractor qualifier listed above has successfully completed the above hours of experience as an employee or owner of the company listed.

I further certify that the applicant is qualified and competent to practice in a supervisory role.

Signature of Authorized Signer: _____ **Date:** _____

OWNERSHIP LISTING

Please complete the following information for **ALL OWNERS**. Please make additional copies as needed.

If your company is **publicly traded**, please write "Publicly Traded" on the first owner name line, and provide the last audited financial statement.

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Will this owner engage in the construction trade? Yes No **Percentage of ownership:** _____

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Will this owner engage in the construction trade? Yes No **Percentage of ownership:** _____

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Will this owner engage in the construction trade? Yes No **Percentage of ownership:** _____

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Will this owner engage in the construction trade? Yes No **Percentage of ownership:** _____

CREDIT REPORT AUTHORIZATION

Pursuant to Utah Administrative Code R156-55a-306(1), If you answered "yes" to any "Financial Responsibility Questionnaire" questions on page 3 of this application, or if a credit report is requested you must, provide current credit reports for the applicant, the proposed qualifier(s), and all owners, officers and managers.

Your consumer credit report will be obtained from all three credit bureaus, Experian, Trans Union & Equifax merged into one complete credit report. For business entities a credit report will be obtained from Experian Business Credit Services.

Instructions: Complete and submit a copy of this credit report authorization form directly to the Division of Occupational and Professional Licensing for each individual and entity required, with the credit card authorization for payment. The charge on your credit card will show NACM as the creditor. For security and confidentiality purposes, the report(s) will print directly to our state office.

These credit reports are obtained by the Division of Occupational and Professional Licensing through NACM BCS. 7410 S. Creek Rd. #301, Sandy UT. 84093. [801-487-8786](tel:801-487-8786), [800-977-6226](tel:800-977-6226). Fax [801-484-1891](tel:801-484-1891). www.nacmint.com"

Personal Credit Report Request

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Phone Number:** _____

If Joint, Spouse Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Fax Number:** _____

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

| | <small>State</small> Cost | Paid | <small>ZIP Code</small> NACM Stamp & Date |
|---|------------------------------|--------------------------|--|
| <input type="checkbox"/> Individual Experian TransUnion Equifax Merged Credit Report | \$26.50 | <input type="checkbox"/> | |
| • Colorado Applicants Must add \$9.00 sur-charge for Individual | \$35.50 | <input type="checkbox"/> | |
| <input type="checkbox"/> Joint Merged Credit Report-Husband & Wife (<i>Both sign below</i>) <i>(Please include spouse name, social security number and date of birth above.)</i> | \$41.00 | <input type="checkbox"/> | |
| • Colorado Applicants must add \$18.00 sur-charge for joint | \$59.00 | <input type="checkbox"/> | |

Business Credit Report Request

Business Legal Name _____
*Note: If you are a Sole Proprietor, this is your legal name.

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Tax Id Number: _____ **Phone Number:** _____ **Fax Number:** _____

| | Cost | Paid | NACM Stamp & Date |
|--|----------------|--------------------------|-------------------|
| <input type="checkbox"/> Experian Business Credit Report | \$50.00 | <input type="checkbox"/> | |

Payment Information

Visa MasterCard American Express **Card Number:** _____
Name as it appears on the card: _____ **Card Expiration Date:** _____ **CID:** _____

Billing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

I hereby authorize the release of all information, including credit information contained in my (our) account file with NACM Intermountain. I further authorize that a photocopy of this form may be accepted as the original.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

INSURANCE, FEES & INSTRUCTIONS

- General Liability Insurance Certificate:** The certificate must include the name and address of the insured (which must match the name and address on the application exactly), policy number, expiration date, the insurance company and contact information, **a minimum required coverage of \$100,000 for each incident and \$300,000 in total.** The certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

The following **fees** are required to complete your application, please make checks payable to "DOPL":

- \$210.00** – application fee for **your first classification** (*non-refundable*).
- \$210.00** – application fee for **any additional B-100, R-100, or E-100 classification** (*non-refundable*).
- \$110.00** – application fee for **any additional specialty classification** (*non-refundable*).
- \$195.00** – Lien Recovery Fund fee (*one-time fee if applicable*). All classifications pay the LRF fee except the following classifications are **exempt** and **do not pay the fee:**
- | | | | |
|------|---------------------|------|-----------------------|
| E100 | General Engineering | S340 | Sheet Metal |
| P202 | Boiler Installation | S360 | Refrigeration |
| P204 | Industrial Piping | S440 | Sign Installation |
| S320 | Steel Erection | S450 | Mechanical Insulation |
| S470 | Petroleum Systems | S480 | Piers and Foundations |
- If the entity is **unincorporated (e.g. an LLC)** **and** you have an **owner owning less than 8%**, complete **Appendix G** and **pay \$20 registration fee** for each owner owning less than 8%.

- Submit the above items with your completed application to:

In-person or express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

U.S. Postal Service:

Division of Occupational and Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741

**DO NOT SUBMIT UNTIL YOUR ENTIRE APPLICATION IS COMPLETE
YOUR APPLICATION WILL BE DENIED IF INCOMPLETE OR MISSING DOCUMENTS**

NOTICE: Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.