

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

## Affirmation of Exemption from Contractor Licensure (Handyman Registration)

### APPLICANT INFORMATION

**Business Legal Name** \_\_\_\_\_  
*\*Note: If you are a Sole Proprietor, this is your 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:** \_\_\_\_\_

### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the exemption for which I am applying in this registration.
2. I certify that to the best of my knowledge, the information contained in this registration and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the registration 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 registration by the State of Utah.
4. I understand that it is the continuing responsibility of registrants to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am registering, 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 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: \_\_\_\_\_ Tax Id Number: \_\_\_\_\_

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

DBA (if applicable) : \_\_\_\_\_ DBA Registration Number: \_\_\_\_\_

**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.**

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

**Section 2: To be completed by the owner of the entity and Sole Proprietors.**

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 License Number Expiration Date*

**NOTE:** If you do not hold a US Driver 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: \_\_\_\_\_ Tax Id Number: \_\_\_\_\_

DBA: \_\_\_\_\_ DBA Registration Number: \_\_\_\_\_

## AFFIRMATION

I certify that I have read and understand the limitations of the exemption outlined in Utah Code Ann. 58-55-305 and Utah Admin. Code R156-55a-305.

I understand that, once granted, this exemption allows the holder to perform remodel work which has a total value with labor and materials included, regardless of who provided the materials, of \$3,000 or less. The exemption excludes new construction work; electrical, plumbing and mechanical work; and alarm system installations.

Additionally, pursuant to UCA 58-55-102 (18) and 58-55-501(1), I understand it is unlawful conduct for an unlicensed person, including those with affirmation of exemption (handyman), to use the term contractor, builder, plumber, electrician, alarm system installation, mechanical work or similar words that may imply an entity or person will do work that only a licensed contractor, plumber, electrician or alarm system installer can perform. All affirmations of exemption which contain such inappropriate words in the name will be denied.

I understand it is required that liability insurance and applicable worker compensation insurance be maintained for the duration of the exemption granted.

I certify that the applicant:

- has employees and appropriate workers compensation insurance is in force and will be maintained.
- does not now hire employees and does not intend to hire employees within the foreseeable future.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

## REGISTRATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your registration 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.

The following items are required to complete your registration:

- \$35.00 non-refundable application-processing fee, made payable to "DOPL".
- 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. Additionally, the certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.
- Certificate of Workers Compensation Insurance (if applicable).  
Additionally, the certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

Submit the above items with your completed registration to:

**In person or via express delivery:**

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

**US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741