

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Licensed Utah Contractor Request to *(check all that apply):*

Change Ownership **Change Employee Status** *(Have or Do Not Have Employees)*

APPLICANT INFORMATION

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

**Utah Division of Corporation
Registration Number:** _____

**IRS Employee ID
Number (EIN):** _____

DBA *(if applicable):* _____

**DBA Registration
Number:** _____

Mailing Address: _____

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

City

State

ZIP Code

You will receive all Division notices and communications at the following email.

Email: _____

Email Address is Required.

Company Phone: _____

Local Contact for Licensing Purposes: _____

Alternate Phone for Local Contact: _____

Utah Contractor License Number: _____ **-5501**

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, qualifiers, and prior entities and DBA’s 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 and Position of the Authorized Signer: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined** in any way?
2. Yes No Do you CURRENTLY have any criminal action active or pending?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

NOTE:

- DISCLOSE charges that were later held in abeyance, diverted, reduced, or dismissed.
- DISCLOSE motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as a parking or speeding violations.
- You do NOT NEED TO DISCLOSE juvenile offenses, unless you were tried as an adult.
- DISCLOSE if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do NOT NEED TO DISCLOSE legally expunged criminal histories.

If you answered "Yes" to any of the above questions, you MUST provide an explanation about the circumstances.

If you answered "Yes" to Questions 2, 3, or 4 above, you may be required to submit a [criminal history \(BCI\) report](#) or [FBI background](#). We will advise you if this is required.

For more information, see [DOPL's criminal history FAQs](#)

FINANCIAL RESPONSIBILITY

1. Yes No Within the last eight years, has the applicant, the proposed qualifier, any owner, or any prior entities for which these individuals have been involved, had any **judgments, liens, taxes, or child support** delinquencies levied against them?
2. Yes No Within the last seven years has the applicant, the proposed qualifier, any owner or any prior entities for which these individuals have been involved, filed for **bankruptcy**?

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

- Copies of any judgments or tax liens and evidence that it has been paid or in an approved payment plan.
- A [bond](#) may be required.

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

OWNERSHIP LISTING

- Yes No Is the applicant owned in whole or in part by a business entity (parent company)?
If yes, provide the following:
- Name, address, and contact information of the business entity.
- Evidence or documentation that shows that the applicant is owned by the parent company.
- List of all officers and directors (name, residential address, and phone number).
- If layered ownership, provide a diagram that explains how ownership is established.
- Audited financial statement.
- If publically traded, most recent SEC Form 10-K filing.
Yes No Is the applicant owned in whole or in part by a trust? If yes, provide the following:
- Copy of the trust agreement
- Name and address and phone number of the trustees, beneficiaries, and trustors.
Yes No Is the applicant owned in whole or in part by an individual or multiple individuals?
- If yes, please complete the following for ALL OWNERS INCLUDING SOLE PROPRIETORS (make additional copies as needed):

Full Legal Name: First Middle Last

Residential Address: Street Address (including Apt/Unit/Ste #) and/or PO Box
City State ZIP Code

Email: SSN:

Phone: Date of Birth:

Will this owner work in the construction trade? Yes No Percentage of ownership: %

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 lawful presence in the United States.

Full Legal Name: First Middle Last

Residential Address: Street Address (including Apt/Unit/Ste #) and/or PO Box
City State ZIP Code

Email: SSN:

Phone: Date of Birth:

Will this owner work in the construction trade? Yes No Percentage of ownership: %

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 lawful presence in the United States.

EMPLOYEES

The applicant **HAS EMPLOYEES** or **OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP**, you must submit a copy the following:

1. [Worker Compensation Certificate \(or Waiver\)](#). **AND**

2a. [Workforce Services Unemployment Insurance Registration No.](#): _____

[Utah State Tax Commission Withholding Tax Account No.](#): _____

* If exempt from Utah withholdings by doing business in Utah for 60 days or less, please submit written exemption approval from Utah Tax Commission.

OR

2b. Signed contract with an approved [Professional Employer Organization \(PEO\)](#).

The applicant does **NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES** within the foreseeable future. I certify that I will notify the Division in writing with the above information when the business has employees before work is performed.

THIRD – PARTY DISCLOSURE AUTHORIZATION (Optional)

Want to authorize us to speak with someone outside your company about this application?

If so, complete this authorization.

I hereby authorize the Division to communicate with _____ (“Third Party”) concerning this application, any information submitted with or missing from this application, and authorize and consent to the disclosure of any of the contents, information, communications, and material in this application or related to this application to the Third Party herein designated. I certify that I am authorized to sign on behalf of the licensee. **I declare under criminal penalty under the law of Utah that the foregoing is true and correct.**

Signature of Authorized Signer: _____ Date _____
Knowingly making a false statement as provided under Utah Code Ann. §76-8-503 is a class B misdemeanor.

Printed Name and Position of Authorized Signer: _____

FEES AND INSTRUCTIONS

NOTE: Incomplete applications will be denied.

There is no fee for this form. However, if the entity is **unincorporated (e.g. an LLC) and** you have an **owner owning less than 8%**, complete [Appendix G](#) on the DOPL website and **pay an additional \$20 registration fee** for each owner owning less than 8% (in addition to the fees above).

DO NOT FAX OR EMAIL THE APPLICATION. Submit 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

OR 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 MAY BE DENIED IF INCOMPLETE OR MISSING DOCUMENTS
AND WILL REQUIRE ADDITIONAL TIME TO PROCESS YOUR APPLICATION

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.