

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

Add/Replace a Qualifier *(same classification)* **Add a New Classification**

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: _____

QUALIFIER INFORMATION

Qualifier's 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: _____

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.

Position: Owner of at least 20% OR W-2 Employee in Management Position

QUALIFIER ACCEPTANCE & CERTIFICATION

I, the undersigned qualifier, acknowledge and accept appointment as the qualifier for the applicant. I certify that I have read and understand the responsibilities and requirements of a qualifier, licensee, and contractor set forth in Title 58 of the Utah Code and the Utah Administrative Code. I hereby certify that it is my continuing responsibility, as the qualifier for the applicant, to read, understand, and to cause, for myself and the company for which I am qualifying, to comply with the requirements contained in all statutes and rules pertaining to the occupation or profession of the applicant, and that failure to do so may result in civil, administrative, or criminal sanctions against me, the owners, and/or the applicant. I hereby certify that I have read and understand Utah Code § 58-55-304(4) and that I certify that I will exercise material authority over the business as required under Utah law.

I certify that I am qualified in all respects to be the qualifier for the license for which the applicant is applying. I certify that I have read this entire application and that the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant and qualifier, and that I will update or amend the application as necessary.

I certify that the licensee has general liability insurance as required by Utah law and rules that covers all scope of work of the licensee and shall be in effect for the entire duration of active licensure. I certify that I will maintain a copy of all general liability insurance certificates at all times of active licensure, that includes the name and address of the insurance company, name and address of the insured, policy number, expiration date, and policy limits.

I certify that if the licensee has employees or owner-workers holding less than 8% ownership that the licensee will cause the business to maintain workers compensation insurance as required by Utah law and rules and will maintain a copy of the documents and information listed above at all times during active licensure. I certify that I understand that DOPL may request these records and information at any time to determine compliance. I understand that I am responsible to update the Division of any changes relating to the applicant's contractor's license and my qualifications as a qualifier, including but not limited to the qualifier's status as an employee or owner.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct

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

If replacing a qualifier, please indicate the individual to be replace: _____

GENERAL CONTRACTOR QUALIFIER

Select the classification you wish to apply for, and complete the requirements found in the box to the right.

- B-100 General Building Contractor**

- E-100 General Engineering Contractor**

- R-100 Residential & Small Commercial Contractor**

Complete one item from each of the three following sections:

I. PRELICENSURE COURSE REQUIREMENT (Choose one of the following):

- [Qualifier on Active Utah Contractor License in last 5 years.](#)
License No. _____

- Construction Management Degree** (2 or 4 year Degree). Provide copy of transcript.

- Licensed Utah Professional Engineer.** License No. _____

- [30 Hour Pre-License Course](#) (completion certificates required) – The Associated General Contractors of Utah (AGC), the Associated Builders & Contractors (ABC), and the Home Builders Association (HBA) are the only approved course providers. **5 Hour Pre-License Course for General Contractors AND 25 Hour Pre-License Course for All Contractors. *Passing the Utah Business & Law Exam before attending the 5 hour course satisfies the 5 hour course requirement. The Division accepts the 25-hour course as satisfaction of the 30-hour course if completed prior to October 1, 2019.***

- [One \(1\) year of licensed experience working in another State, District or Territory of the U.S. in the similar scope of practice sought in Utah.](#) Please provide copy of license. *License must be active and in good standing.*
Date License was issued in other state: _____

2. EXAM REQUIREMENT (Choose one of the following):

- [Utah Business & Law Exam](#): Apply directly with the authorized exam provider. To register for exam or find more information, go to <https://dopl.utah.gov/contractor/> Submit fees for the exam directly to the exam provider. Provide a copy of your test results with this application. *Do not submit your application until you have passed the exam.*

- [One \(1\) year of licensed experience working in another State, District or Territory of the U.S. in the similar scope of practice sought in Utah.](#) Please provide copy of license. *License must be active and in good standing.* Date License was issued in other state _____

- [Qualifier on Utah Contractor License prior to May 9, 2017](#) License No. _____

3. EXPERIENCE REQUIREMENT (Choose one of the following):

- [Two \(2\) years of experience in the construction industry](#): By requesting the general contractor classification, I certify I have at least 4,000 hours (or 2 years) of paid work experience in the construction industry AND have knowledge of the principles of the conduct of business as a contractor, reasonably necessary for the protection of the public health, safety, and welfare.

- [Qualifier on current or previous Utah Contractor License for at least 2 years.](#) License No. _____

- Construction Management Degree** (2 or 4 year Degree). Provide copy of transcript.

- Licensed Utah Professional Engineer.** License No. _____

- [NASCLA Examination for Commercial General Building Contractors.](#) Provide copy of passing test results.

- [One \(1\) year of licensed experience working in another State, District or Territory of the U.S. in the similar scope of practice sought in Utah.](#) Please provide copy of license. *License must be active and in good standing.* Date License was issued in other state _____

<input type="checkbox"/> E-200 General Electrical Contractor <input type="checkbox"/> E-201 Residential Electrical Contractor	<input type="checkbox"/> Master Electrician License No: _____ <input type="checkbox"/> Utah Business & Law Exam (see Exam Requirement in Section 2 on pg. 4) <input type="checkbox"/> 30 Hour Pre-License Course Required (see Prelicensure Course Requirement on pg. 4)
<input type="checkbox"/> P-200 General Plumbing Contractor <input type="checkbox"/> P-201 Residential Plumbing Contractor	<input type="checkbox"/> Master Plumber License No: _____ <input type="checkbox"/> Utah Business & Law Exam (see Exam Requirement in Section 2 on pg. 4) <input type="checkbox"/> 30 Hour Pre-License Course Required (see Prelicensure Course Requirement on pg. 4)

SPECIALTY CONTRACTOR QUALIFIER

<input type="checkbox"/> Specialty Contractor Please indicate the specialties you wish to apply for below (limit 3): 1. _____ 2. _____ 3. _____ R101 may NOT have any other specialty classifications	<p>Choose one of the following:</p> <input type="checkbox"/> Previous Qualifier for Utah Contractor License License No. _____ <input type="checkbox"/> Construction Management Degree (2 or 4 year Degree). Provide copy of transcript. <input type="checkbox"/> Licensed Utah Professional Engineer. License No. _____ <input type="checkbox"/> 25 Hour Pre-License Course (completion certificates required) – The Associated General Contractors of Utah (AGC), the Associated Builders & Contractors (ABC), and the Home Builders Association (HBA) are the only approved course providers. <input type="checkbox"/> One (1) year of licensed experience working in another State, District or Territory of the U.S. in the similar scope of practice sought in Utah. Please provide copy of license. License must be active and in good standing. Date License was issued in other state: _____ If S510, Elevator Mechanic License required. License No. _____ If S370, Fire Suppression Systems: By listing the S370 classification, I hereby certify that, as the qualifier, that prior to any work concerning installation, repair, maintenance, or replacement of an automatic fire sprinkler system, I will obtain certification by satisfying the requirements in Utah Code § 58-55-308(4). <i>B100 General Contractors are exempt from these certifications.</i> If S700, Limited Scope License, requires detailed written scope of practice (Not common)
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CONTRACTOR TRADE CLASSIFICATIONS

E100 General Engineering Contractor	S260 Asphalt & Concrete Contractor
B100 General Building Contractor	S270 Drywall, Paint, and Plastering Contractor
B200 Modular Unit Installation Contractor	S280 Roofing Contractor
R100 Residential/Small Commercial Contractor	S310 Foundation, Excavation, and Demolition Contractor
R101 Residential/Small Commercial Non-Structural Remodel/Repair	S330 Landscape & Recreation Contractor
R200 Factory Built Housing Contractor	S350 HVAC Contractor
E200 General Electrical Contractor	S354 Radon Mitigation
E201 Residential Electrical Contractor	S370 Fire Suppression Systems Contractor
P200 General Plumbing Contractor	S410 Boiler, Pipeline, Waste Water, and Water Conditioner Contractor
P201 Residential Plumbing Contractor	S440 Sign Installation Contractor
S202 Solar Photovoltaic Contractor	S510 Elevator Contractor
S220 Carpentry & Flooring Contractor	S700 Limited Scope Contractor
S230 Masonry, Siding, Stucco, Glass, and Rain Gutter Contractor	

[What type of work can I do with these classification? Click here](#)

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.

GENERAL LIABILITY INSURANCE

All licensees MUST have General Liability Insurance. The Certificate of Insurance MUST have the following:

The minimum required coverage is **\$100,000 for each incident** and **\$300,000 in total**.

Must **cover the scope of work** for the licensee for the entire duration of active licensure.*

DOPL's name and address must be listed as the certificate holder: DOPL, 160 E 300 S, P.O. Box 146741, Salt Lake City, Utah 84114.

The insurance certificate **must be included with the application**. It may NOT be email or faxed to the Division as it will delay your application.

** Please be careful not to have any exclusions in your insurance policy that limit the coverage and do not cover all the scope of work that you perform as this may result in penalties, fine, or disciplinary action against your business, the qualifiers, and owners, including but not limited to suspension or revocation**

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: _____

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.
 - List of all officers and directors (name, residential address, and phone number).
 - Audited financial statement.
 - Evidence or documentation that shows that the applicant is owned by the parent company.
 - If layered ownership, provide a diagram that explains how ownership is established.
 - 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.

FEES & INSTRUCTIONS

The following **fees** are required to complete your application, please make checks payable to "DOPL." **The fees are determined based on new qualifiers or new classifications for the business entity:**

For Qualifier Changes to Existing Classification:

If you are a new qualifier, or if you have been a qualifier previously and are being added to any existing classifications on this license, there is a \$50 fee for each qualifier added to the license. If you are already an existing qualifier on **this** license, and wish to be added to additional classification, there is no fee.

Note: There is NO FEE to remove a qualifier if no replacement is required.

For Additional Classifications:

If you are adding a new classification for the licensee, the fee is \$175 per classification added. If the classification requires the addition of a qualifier **not already associated with the license**, you must also pay the \$50 "Add Qualifier" fee.

There is NO FEE to remove a classification.

Please use the following to calculate your total fees:

Total Number of New Qualifiers →		X \$50.00 =	\$
Total Number of New Classifications →		X \$175.00 =	\$
TOTAL APPLICATION FEE			\$

* Add the total for the top three rows for the total fee. ***All fees are non-refundable***

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

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.