

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 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 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.

If you answer "yes" to any of the below, 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 local, state or federal licensing, enforcement or regulatory agency ?
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 (within 90 days) used any drugs (including recreational drugs) 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 MUST be disclosed. 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 disclosed.**

If you answered "Yes" to any of the above questions, you MUST provide an explanation about the circumstances. If you answered "Yes" to **Questions 9, 10, 11 or 12**, you must submit a criminal history report. If the crimes were *outside* of Utah, you must provide a criminal history report from that state or may be required to submit an FBI background. If the crimes were *in Utah*, the criminal history report must be obtained from:

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

Walk-ins only; no appointments taken, Open 8:00 a.m. - 5:00 p.m., Monday - Friday except holidays

Government-issued picture ID required (*driver's license, state ID, passport, etc.*)

Website: www.bci.utah.gov Phone: 801-965-4445

Address: 3888 W. 5400 S., Taylorsville, UT 84118

FINANCIAL RESPONSIBILITY

- | | |
|---|--|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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 **AND Credit Report Authorization**

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:** _____

Position	<input type="checkbox"/> Owner of at least 20% OR <input type="checkbox"/> W-2 Employee in Management Position
ID & Authorization to Work	SSN _____ - _____ - _____ U.S. Driver License No. _____ State _____ Exp _____ Date of Birth ____/____/____ 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 (select one)	<input type="checkbox"/> 25 Hour Pre-License Course (<i>copy of completion certificate required</i>) <input type="checkbox"/> Degree in Construction Management (<i>transcript required</i>) <input type="checkbox"/> Utah Licensed Professional or Structural Engineer (<i>E-100 only</i>)

Classifications:	Requirements:
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<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 Apply directly to PSI Examination Services at www.psiexams.com to register for the examinations. PSI will send the results directly to DOPL. Submit the fees directly to PSI. <i>Do not submit your application until you have passed all required exams.</i> <input type="checkbox"/> 2 years of experience which includes at least 1 year of supervisory experience Documentation must include the "Affidavit of Experience" and W-2, K-1 forms, or tax returns. <i>Licensed Building Inspector experience may satisfy this requirement.</i> -OR - <input type="checkbox"/> If Previous Qualifier, Previous Qualifier for License No. _____
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<input type="checkbox"/> E-200 General Electrical Contractor <input type="checkbox"/> E-201 Residential Electrical Contractor	Must be Master Electrician <input type="checkbox"/> Master Electrician License No: _____ <input type="checkbox"/> Utah Laws & Rules Exam
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<input type="checkbox"/> P-200 General Plumbing Contractor <input type="checkbox"/> P-201 Residential Plumbing Contractor	Must be Master Plumber <input type="checkbox"/> Master Plumber License No: _____ <input type="checkbox"/> Utah Laws & Rules Exam
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<input type="checkbox"/> Specialty Contractor (limit 3 classifications): 1. _____ 2. _____ 3. _____ <i>*R101 may not have any other classifications*</i>	If Previous Qualifier, Previous Qualifier for License No. _____ 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 (Not common)
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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
R200	Factory Built Housing Contractor	S350	HVAC Contractor
E200	General Electrical Contractor	S354	Radon Mitigation
E201	Residential Electrical Contractor	S360	Refrigeration Contractor
E202	Solar Photovoltaic Contractor	S370	Fire Suppression Systems Contractor
P200	General Plumbing Contractor	S380	Swimming Pool and Spa Contractor
P201	Residential Plumbing Contractor	S390	Sewer and Waste Water Pipeline Contractor
P202	Boiler Installation Contractor	S400	Asphalt Paving Contractor
P203	Irrigation Sprinkler Contractor	S410	Pipeline and Conduit Contractor
P204	Industrial Piping Contractor	S420	General Fencing Contractor
P205	Water Conditioning Equipment Contractor	S430	Metal Firebox & Fuel Burning Installer
P206	Solar Thermal Systems Contractor	S440	Sign Installation Contractor
P207	Residential Sewer /Septic Tank Contractor	S450	Mechanical Insulation Contractor
S220	Carpentry Contractor	S460	Wrecking and Demolition Contractor
S230	Siding Contractor	S470	Petroleum Systems Contractor
S240	Glass and Glazing Contractor	S480	Piers and Foundations Contractor
S250	Insulation Contractor	S490	Wood Flooring Contractor
S260	General Concrete Contractor	S500	Sports & Athletic Courts Contractor
S270	General Drywall and Plastering Contractor	S510	Elevator Contractor
S280	General Roofing Contractor	S600	General Stucco Contractor
S290	General Masonry Contractor	S700	Specialty License Contractor

THIRD – PARTY DISCLOSURE AUTHORIZATION

I hereby authorize the Division to communicate with _____ (hereinafter "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 designed. 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

Please complete the following information for **ALL OWNERS EXCEPT FOR SOLE PROPRIETORS**. 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

Address: _____
Street Address Suite/Unit Number PO BOX

City State ZIP Code

Email: _____ **Phone:** _____ - _____ - _____

**By listing your email, you consent DOPL may contact you via email*

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

Address: _____
Street Address Suite/Unit Number PO BOX

City State ZIP Code

Email: _____ **Phone:** _____ - _____ - _____

**By listing your email, you consent DOPL may contact you via email*

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

Address: _____
Street Address Suite/Unit Number PO BOX

City State ZIP Code

Email: _____ **Phone:** _____ - _____ - _____

**By listing your email, you consent DOPL may contact you via email*

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

EMPLOYEES

- 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** obtain and submit a copy 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 (EIN): _____

OR

- Enclose a copy of your signed contract with a registered PEO (if applicable).

- The applicant does **NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES** within the foreseeable future.

GENERAL LIABILITY INSURANCE

All licensees MUST have General Liability Insurance. The Certificate of Insurance MUST BE INCLUDED with this application. IT MAY NOT BE EMAILED OR FAXED TO THE DIVISION. DO NOT SUBMIT YOUR APPLICATION UNLESS THE INSURANCE CERTIFICATE IS PHYSICALLY ATTACHED TO THIS APPLICATION. The minimum required coverage is **\$100,000 for each incident** and **\$300,000 in total**. The coverage must cover all scope of work for the licensee for the entire duration of active licensure. **DOPL's name and address should be listed as the certificate holder.**

CERTIFICATION

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 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 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 & INSTRUCTIONS

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

Total Number of Qualifiers ➡		X \$50.00 =	\$
Total Number of Classifications ➡		X \$175.00 =	\$
TOTAL APPLICATION FEE			*\$

* Add the total for the top two rows for the total fee.

- 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%.

*****All fees are non-refundable*****

- 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 FAX OR EMAIL THE APPLICATION

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.

**** THIS FORM MAY NOT BE USED TO PAY FOR APPLICATION FEES **
THIS FORM IS ONLY FOR PAYMENT OF CREDIT REPORT**

CREDIT REPORT AUTHORIZATION

Pursuant to Utah Administrative Code R156-55a-306(1), If you answered "yes" to any "Financial Responsibility Questionnaire" questions 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

Type of Report Request:	Cost	Paid	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:** _____

Type of Report Request:	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: _____