

REQUEST FOR VERIFICATION OF LICENSURE

Note: Submit a \$20.00 fee for each verification of licensure if requesting verification from Utah. If requesting another state verify your license to Utah, please check with that state to confirm fee.

LICENSE INFORMATION

Name (as it appears in our records): _____

License Number: _____ Profession: _____

Date of Birth: _____ Social Security Number: _____

Qualifier Name (contractors only): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (____) _____ Other Telephone: (____) _____

Signature: _____ Title: _____

WHERE SHOULD THE VERIFICATION OF LICENSURE BE SENT?

_____ I will pick up the verification. (A Division representative will call you at the number listed above, informing you that the verification is ready for pickup at the Division's front desk.)

_____ Mail it to me at the address listed above.

_____ Mail it to the following state board / agency / business / other:

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____