

Affirmation of Exemption from Contractor Licensure
(Handyman Exemption)

APPLICANT INFORMATION

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

Utah Division of Corporation Registration Number: _____ **IRS Employee ID Number (EIN)*:** _____
**If you are a sole proprietor, please enter your SSN above rather than 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: _____

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 exemption 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 exemption from 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 exemption from licensure/certification/registration.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

SOLE PROPRIETERS

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.

AFFIRMATION

I certify that I have read and understand the limitations of the exemptions in Utah Code 58-55-305 and Utah Admin. Code R156-55a-305. I further certify that once granted this exemption, I will limit any work performed to activities exempted from licensure.

I understand I must maintain liability insurance and applicable worker compensation insurance for the duration of the exemption granted. I understand that I must renew this exemption with the Division prior to the expiration date and demonstrate I maintained insurance coverage as required by law.

Additionally, pursuant to Utah Code 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.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer:

GENERAL LIABILITY INSURANCE

General liability insurance must be maintained for the duration of your affirmation. You must submit a General Liability Insurance Certificate with your application. 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, and
- the certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

**** Exclusions in your insurance policy that limit the coverage and do not cover all the scope of work that you perform may result in penalties, fines, or disciplinary action including but not limited to suspension or revocation****

EMPLOYEE QUESTIONNAIRE

Select one:

- The applicant **HAS EMPLOYEES or OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP**. Submit a copy of your [Worker Compensation Certificate \(or Waiver\)](#) and either:
- a. [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**
- b. 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.

CHECKLIST

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.

The following items are required to complete your application:

- \$35.00 non-refundable application processing fee, made payable to "DOPL"
- General Liability Insurance Certificate meeting the requirements described above
- Documentation required due to your selection in the employee questionnaire above

NOTE: Incomplete applications will be denied.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st 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

DOPL • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741, Salt Lake City, UT 84114-6741
www.dopl.utah.gov • telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511

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