

### Handyman Registration (Affirmation of Exemption)

#### APPLICANT INFORMATION

**Business Legal Name** \_\_\_\_\_  
*Must be registered with Utah Division of Corporations \*Note: If you are a Sole Proprietor, this is your full legal name.*

**DBA (if applicable):** \_\_\_\_\_  
*Must be registered with Utah Division of Corporations*

**Mailing Address:** \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
*Required*

**Local Contact (Optional):** \_\_\_\_\_

**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: \_\_\_\_\_

**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.*

**QUALIFYING QUESTIONNAIRE**

1.  Yes  No      **Within the last eight years**, has the applicant, 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, 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**

**EMPLOYEES**

- The applicant **HAS EMPLOYEES** 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 a registered 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\*\*

## OWNERSHIP LISTING

Please complete the following information for **ALL OWNERS EXCEPT FOR SOLE PROPRIETORS**. If your company is **publicly traded**, please write "Publicly Traded" on the first owner name line, and provide the last audited financial statement. If your company has an owner that is a **business entity (parent company)**, provide a list of the officers and directors, evidence that the company is a subsidiary, 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:** \_\_\_\_\_%

**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

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**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:** \_\_\_\_\_%

**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

**PLEASE MAKE ADDITIONAL COPIES AS NEEDED FOR MORE OWNERS**

## AFFIRMATION

I certify that I have read and understand the limitations of the exemption outlined in Utah Code § 58-55-305(1)(h) and Utah Admin. Code R156-55a-305.

I understand that, once granted, this exemption allows the holder to perform remodel work which has a total value with labor and materials included, regardless of who provided the materials, of \$3,000 or less. The exemption excludes new construction work; electrical, plumbing and mechanical work; and alarm system installations.

Additionally, pursuant to Utah law, I understand it is unlawful conduct for an unlicensed person, including those with affirmation of exemption (handyman), to use the term contractor, construction, 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.

I understand it is required that liability insurance and applicable worker compensation insurance be maintained for the duration of the exemption granted.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

## FEES & INSTRUCTIONS

The following **fees** are required to complete your application and are **non-refundable**, please make checks payable to "DOPL" for **\$35.00**

Submit the above items with your completed application to:

**In-person or express delivery:**

Division of Occupational and Professional  
Licensing  
Heber M Wells Building, 1<sup>st</sup> 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.

### 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:8014878786), [800-977-6226](tel:8009776226). Fax [801-484-1891](tel:8014841891). [www.nacmint.com](http://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	ZIP Code	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> ) (Please include spouse name, social security number and date of birth above.)	\$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: \_\_\_\_\_