State of Utah Department of Commerce

Division of Occupational and Professional Licensing

Apprentice Plumber

	7 1pp							
			APPLICA	NT INFORM	ATION			
Fu	II Lega	al Name:						
	=09	First		Middle		Last		
All	Previ	ous Legal Names:						
Ot	ilei DC	OPL Licenses Held: _						
SS	N:		Date of Birth:			Gender:] Male	☐ Female
۸ ط	draaai							
Au	dress:	Street Address (including Apt/Unit/Ste #) and/or PO Box						
		City			State	ZI	P Code	
Pho	one:			Email:				
Ple	ase Se	elect ONE:						
		I am a United States c	itizen OR a non-citizer	n of the United	States who is law	fully present.		
		l am a foreign national	not physically presen	t in the United S	States.			
		None of the above, ple	ease explain:					
		cense						
or	State	ID Card: State of Issue	e License Number			Expiration Date	е	
		you do not hold a US [ent issued document(s)					our curre	ent and valid
gov	emme	ent issued document(s	snowing evidence of	lawiui presence	e in the United Sta	ales.		
			AFFIDA\	IT AND REL	EASE			
1.	I certi	fy that I am qualified ir	all respects for the lic	cense for which	I am applying in t	his application	٦.	
2.	docur	ertify that to the best of my knowledge, the information contained in the application and all supporting cument(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or rect the application as necessary, prior to any action on my application.						
3.	forth of	uthorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set th directly or by reference in this application, to release to the Division of Occupational and Professional sensing, State of Utah, any files, records, or information of any type reasonably required for the Division to operly evaluate my qualifications for licensure/certification/registration by the State of Utah.						
4.	requir	nderstand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the quirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, d that failure to do so may result in civil, administrative, or criminal sanctions.						
5.		fy that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare use of any circumstance or condition.						
6.		erstand that I am respo e/certification/registrat		Division of any o	hanges relating to	o my		

Signature of Applicant: _____ Date: _____

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?

If you answered "yes" to question 1 above, please provide a copy of the disciplinary action. If you answered "yes" to questions 2, 3, or 4, please provide a current criminal history report from each and every state where criminal history has occurred.

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 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 <u>legally</u> expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

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. (Use additional sh	eets if necessary.)	
Profession:		License Number:	
Issuing State:	License Status:	Issue Date:	
Profession:		License Number:	
Issuing State:	License Status:	Issue Date:	
Profession:		License Number:	
Issuing State:	License Status:	Issue Date:	

Verification of Supervision of Apprentice Plumber

	Al	PPLICANT INFORMATION	ON				
To be completed by	the applicant.						
Full Legal Name:							
i dii Legai Name.	First	Middle	Last				
Mailing Address:	Stroot/PO Pov	City		State/Zip			
	Sileeve Dox	City		State/Zip			
EMPLOYER INFORMATION							
To be completed by	the employer.						
	. ,						
Name of Contract	or:	License I	Number:				
Name of Supervis	or:	License I	Number:				
Establishment Ad	Street/PO Box	City		State/Zip			
	Olicelli O Box	Oity		State/21p			
Telephone Number: Email:							
Type of work performed: ☐ Commercial ☐ Residential ☐ Both							
I certify that the above named applicant for a Utah apprentice plumber license will be employed as an apprentice by the employer/firm named above. I further certify that appropriate supervision will be provided while the applicant is engaged in the trade of plumbing as outlined in Utah Code Annotated 58-55-302 and Utah Administrative Rule R156-55c-302b.							
Printed Name of the Authorized Signer:							
Position of Authoriz	ed Signer:						

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application. **NOTE:** Incomplete applications will be denied.

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.

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The following items are required to complete your application:

\$\text{\$\text{\$\text{\$116.00 non-refundable application-processing fee, made payable to "DOPL".}}

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If you have questions regarding licensure, please feel free to contact the board directly via email at B5@utah.gov.

Salt Lake City, UT 84111