

Registration with the Utah Residence Lien Recovery Fund

APPLICANT INFORMATION

Business Legal Name _____

**Note: If you are a Sole Proprietor, this is your 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: _____

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: _____ Tax Id Number: _____

Select one: Domestic Foreign Is this company publicly traded? Yes No

DBA (if applicable) : _____ DBA Registration Number: _____

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 for which these individuals have been involved.

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 License Number Expiration Date

NOTE: If you do not hold a US Driver 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: _____ Tax Id Number: _____

DBA: _____ DBA Registration Number: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a registration; however, DOPL may request additional documentation if the information submitted is insufficient.

- | | | |
|----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever applied for or received a license from the Division of Occupational and Professional Licensing under any name other than the name listed on this application? |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever applied for or become a registrant in the Residence Lien Recovery Fund under any name other than the name listed on this application? |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been named as nonpaying party in a claim paid by the Residence Lien Recovery Fund for which full restitution has not been made? |

If you answered "yes" to any of the above questions, please submit a written explanation. The explanation must specify which question is being explained, why the question was answered "yes," and the current status of the situation that led to a "yes" answer.

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.

The following items are required to complete your application:

- \$25.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 3 of the application for more information.

If the application for registration is denied, the Initial Registration fee and the 2011 Special Assessment fee will be refunded. The Application Processing Fee is NOT refundable.

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

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