

APPENDIX FORM F: OWNER-WORKER STATUS REPORT

(copy as necessary)

Instructions: Please complete the following information for all owner-workers holding less than 8% ownership and for each officer, manager or other person involved in the supervision or management of the company. We **STRONGLY ENCOURAGE** you to complete this form in Microsoft Excel format which is available on our website at www.dopl.utah.gov
\$20.00 Registration Fee required for each owner-worker. (Unless the owner was previously registered with the Division).

| | |
|---------------|-----------------|
| Company Name: | License Number: |
|---------------|-----------------|

| | | | | | |
|--|---|---|--|--------------------------|-----------|
| Last Name: | | First Name: | | Middle Name: | |
| Date of Birth: | | Social Security Number: - - | | Position Title: | |
| Address: | | | | Percentage of Ownership: | |
| City: | | | | State: | Zip Code: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner? | If "Yes", provide date ownership began: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated? | Date ownership ended: | | | |

| | | | | | |
|--|---|---|--|--------------------------|-----------|
| Last Name: | | First Name: | | Middle Name: | |
| Date of Birth: | | Social Security Number: - - | | Position Title: | |
| Address: | | | | Percentage of Ownership: | |
| City: | | | | State: | Zip Code: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner? | If "Yes", provide date ownership began: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated? | Date ownership ended: | | | |

| | | | | | |
|--|---|---|--|--------------------------|-----------|
| Last Name: | | First Name: | | Middle Name: | |
| Date of Birth: | | Social Security Number: - - | | Position Title: | |
| Address: | | | | Percentage of Ownership: | |
| City: | | | | State: | Zip Code: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner? | If "Yes", provide date ownership began: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated? | Date ownership ended: | | | |

| | | | | | |
|--|---|--|--|--------------------------|-----------|
| Last Name: | | First Name: | | Middle Name: | |
| Date of Birth: | | Social Security Number: - - | | Position Title: | |
| Address: | | | | Percentage of Ownership: | |
| City: | | | | State: | Zip Code: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner? | If "Yes" provide date ownership began: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated? | Date ownership ended: | | | |

I hereby certify, under penalty of perjury, that to the best of my knowledge the information submitted on this report, including any additional pages or attachments, is accurate and complete.

| | |
|------------|-----------------|
| Signature: | Signature Date: |
|------------|-----------------|