



COSMETOLOGY TRADE SCHOOL APPLICATION (SELECT ONE)

- BARBER SCHOOL
 COSMETOLOGIST/BARBER SCHOOL
 HAIR DESIGN SCHOOL
 ESTHETICS SCHOOL
 NAIL TECHNOLOGY SCHOOL
 ELECTROLOGY SCHOOL

APPLICANT INFORMATION

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

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Note: All Division notices and communication will be sent to this email.

Local Contact for
Licensing Purposes: _____
First Middle Last

Phone: (_____) _____ - _____ Email: _____

AFFIDAVIT AND RELEASE

- I certify that I am qualified in all respects for the license for which I am applying with this application.
- 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.
- 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 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.
- 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.
- 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.
- I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title/Position: _____



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 CORPORATION, LLC, LP and LLP applicants only.

Corporations Registration Number*: _____ Tax ID: _____
**It is required that all entities doing business in Utah register with the [Division of Corporation and Commercial Code](#).*

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. I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Authorized Signer: _____ Date: _____

Printed Name: _____ Title/Position: _____

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 lawful presence in the United States.*

If applicable, please complete the following regarding your Sole Proprietorship:

Corporations Registration Number: _____ SSN or EIN: _____

DBA: _____ DBA Registration Number: _____



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

- 1. 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. Do you CURRENTLY have any criminal action active or pending?
3. 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. 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 any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
court record(s)
police report(s)
probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

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 legally expunged or sealed criminal history incidents.

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

ACCREDITATION

In accordance with Utah Administrative Rule § R156-11a-601, please identify the method you will comply with the accreditation standards for a barber school, a cosmetology/barber school, an electrology school, an esthetics school, hair design school or a nail technology school. Select one:

- Currently accredited by:
Seeking accreditation by:



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 that is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other laws.

The following items are required to complete your application:

- \$110.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the qualifying questionnaire.
- Copy of your school's business license from the city, town, or county where your school is located.

Important items required after licensure to maintain licensure:

- New schools, without accreditation, must **apply for accreditation within 30 days** of the issuance of a school license.
- New schools, without accreditation, must **achieve accreditation candidate status within 18 months** of the issuance of this license.
- New schools, without accreditation, must **achieve full accreditation within 24 months** of the date the school obtained candidate status.

All Licensed Schools must:

- **Notify DOPL if the school closes.** You will be required to surrender the applicable license and provide information on the person who will be maintaining all student records according to Utah Admin Rule § R156-11a-605(1).
- **Immediately notify DOPL if the school's accreditation has been withdrawn.**
- **A licensee who fails to obtain or maintain accreditation**, as outlined above, shall immediately surrender to the Division its license as a school. Failure to do so shall constitute a basis for immediate revocation of licensure in accordance with Utah Code § 63G-4-502.
- **Notify DOPL if the school's name or business entity changes.** A change of ownership* or business organization requires a new application and fees. **Change of stockholders in a publicly traded company does not constitute a change of ownership.*

Submit your completed application to the Division:

By US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111

If you have questions, please contact the Division at our direct email address: b2@utah.gov, or the phone or fax number listed below. Do not send applications or payments to this email.