UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

COSMETOLOGY TRADE SCHOOL APPLICATION (SELECT ONE)

- ☐ COSMETOLOGIST/BARBER SCHOOL
- ☐ HAIR DESIGN SCHOOL
- ☐ ELECTROLOGY SCHOOL
- ☐ BARBER SCHOOL
- ☐ NAIL TECHNOLOGY SCHOOL
- ☐ ESTHETICIAN SCHOOL

Clear Form

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 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 certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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 Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department 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 understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

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

Authorized Signature: _____ Date: _____

Printed Name: _____ Title/Position: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit https://dopl.utah.gov/records

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature:_____ Date: _____

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

** If you don't have a social security number, please follow the instructions on the last page.*

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:

EIN: _____ Corporations Registration Number: _____

DBA: _____DBA Registration Number: _____

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 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**
- **police report(s)**
- **court record(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.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- 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:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

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

ACCREDITATION

In accordance with Utah Admin. 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 which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer (Utah Code § R156-1-301). Submission of the above documents may require additional documents to demonstrate lawful presence (Utah Code § 63G-12-402 (3)(k)).

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 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 801-530-6628 or by email at B2@Utah.gov.