

Contractor: All Classifications

APPLICANT INFORMATION

Contractor Business Name: _____

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

DBA(s) if applicable: _____

DBA Registration Number(s): _____

Utah Division of Corporations Registration Number: _____

IRS Employee ID Number (EIN): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

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

Contact Person: _____
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: _____

Legal Business Name: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

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

1. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have any criminal action active or pending ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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](#).

APPLICATION BY ENDORSEMENT

If you are currently licensed as a Contractor in a state, territory, or district of the United States you may qualify for licensure by endorsement. Please visit the [DOPL website](#) for additional information.

To verify the company's identity, the applicant must demonstrate that at least 50% ownership proposed for the Utah license is the same as the license held in the jurisdiction being used for endorsement. Additionally, no more than 50% of the company ownership may have changed within the last year.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you held a license in a state, district, or territory of the United States (outside of Utah) with a similar scope of practice to the license you are applying for at this time for at least one year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your license active and in good standing?

In which state or territory are you licensed? _____

LICENSE VERIFICATION

Most states participate in ONLINE verification of licenses issued in their jurisdiction. DOPL will accept an online verification, as long as it: is available on the official state website, shows if a license is active in good standing, and discloses if there is any past disciplinary action. If your state meets DOPL's online verification requirements, please provide the website URL to the verification site: _____

If your state does not meet online verification requirements, you will need to request that your jurisdiction send it by email to b4@utah.gov or mailed to DOPL's mailing address listed below.

If you qualify for licensure by endorsement, you will not need additional courses or examinations.

BUSINESS ORGANIZATION

Business Name: _____ DBA: _____

EIN: _____ Business Registration Number: _____

Please select entity type:

- | | |
|---|---|
| <input type="checkbox"/> Business Trust
<input type="checkbox"/> Corporation
<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Sole Proprietorship
<i>For Sole Proprietorships, please include
all of the owner's information on page 5.</i> |
|---|---|

☐ Yes ☐ No Is the business entity identified above owned in whole or in part by a business entity (parent company)?

☐ Yes ☐ No Is the business entity identified above owned in whole or in part by a trust?

FINANCIAL RESPONSIBILITY

- ☐ Yes ☐ No Within the last eight years, has the: applicant, proposed qualifier, owner, director, governor, officer, manager, member, partner, or any prior entities for which these individuals have been involved, had any judgments, liens, tax liens, or child support delinquencies levied against them?
- ☐ Yes ☐ No Within the last seven years, has the: applicant, proposed qualifier, owner, director, governor, officer, manager, member, partner, or any prior entities for which these individuals have been involved, filed for bankruptcy?

If you answered YES to any question above, please submit copies of any judgments or tax liens and evidence of payment in full or that you are currently in an approved payment plan.

Note: Prior to issuing the license, a bond may be required. Information about bond criteria and amounts is in the statute and rules available on [our website](#) or See [Utah Code § 58-55-306](#) and [Utah Admin Rule R156-55a-602](#)

EMPLOYEES

Please select ONE:

- ☐ The applicant **HAS EMPLOYEES or OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP. YOU MUST SUBMIT** the following:

- [Workers' Compensation Certificate.](#)
 - ~AND~
 - [Workforce Services Unemployment Insurance Registration No.:](#) _____
 - ~AND~
 - [*Utah State Tax Commission Withholding Tax Account No.:](#) _____
- * If exempt from Utah withholdings by doing business in Utah for 60 days or less, submit your Employer Withholding Exemption from the [Utah Tax Commission](#) and provide the state tax withholding registration number from the state where your company is located. If that state does not have withholding tax, please submit a letter of explanation.*

~OR~

- Signed contract with an approved [Professional Employer Organization \(PEO\)](#).
- ☐ The applicant **DOES NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES***. Submit [Workers' Compensation Coverage Waiver](#) from the Utah Labor Commission.

** If the applicant later hires employees, the applicant must notify the Division in writing with the above information, BEFORE work is performed.*

BUSINESS OWNERSHIP AND CONTROL

Provide information for the one or more individuals who hold an ownership interest in the applicant, the business entity identified in this application. **You must identify ALL owners that work in the construction trades. Duplicate this page as needed.**

Business Name: _____ DBA: (if applicable) _____

Full Legal Name: _____
First Middle Last

SSN: * _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ – _____ Email: _____ Percent of Ownership: _____

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.

List all other licenses, registrations or certification issued by any state which this owner now holds or has ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Will this owner work in the construction trade? ☐ Yes ☐ No

Full Legal Name: _____
First Middle Last

SSN: * _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ – _____ Email: _____ Percent of Ownership: _____

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.

List all other licenses, registrations or certification issued by any state which this owner now holds or has ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Will this owner work in the construction trade? ☐ Yes ☐ No

GENERAL LIABILITY INSURANCE

All contractors are required to maintain active general liability insurance with the Utah Division of Professional Licensing listed as the certificate holder. Please provide the following information regarding your current policy.

Policy Number: _____ Expiration Date: _____

Policy Amount Each Occurrence: \$ _____ Policy Amount Total (Aggregate): \$ _____

Insurer Affording Coverage: _____

Insurance Producer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Please submit a copy of your current, active General Liability Insurance Certificate with DOPL's name and address (listed below) as a certificate holder. Minimum coverage is \$100,000 for each incident and \$300,000 in total and must cover all your scope of work for the license, for the entire duration of active licensure in compliance with [Utah Admin. Rule R156-55a-302d](#).

DOPL
160 E 300 S
PO Box 146741
Salt Lake City, Utah 84114

CONSTRUCTION BUSINESS REGISTRY (Optional)

If you would like to provide contact information for the [Construction Business Registry \(CBR\)](#), please enter the contact information you would like to provide to the PUBLIC for the CBR. Please make sure all contact information is correct and up to date.

Please **ONLY** provide below, the information that you want publicly available on the Construction Business Registry:

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

I understand by providing information above, I opt-in to provide my contact information to the public for the Construction Business Registry (CBR) at my own risk. I certify that the information provided above is true and correct, and I understand that I am responsible to update the Division of any changes relating to my license/certification/registration. I understand that I can opt-in or opt-out of providing my contact information for the CBR at any time, and I can update my contact information at any time. See [Utah Code § 58-55-702](#).

Note: Non-protected license/registration information will automatically be included on DOPL's online verification website.

THIRD – PARTY DISCLOSURE AUTHORIZATION (Optional)

To authorize DOPL to speak with someone outside your company about this application, complete this authorization.

I hereby authorize the Division to communicate with _____
("Third Party") concerning this application, any information submitted with or missing from this application and authorize and consent to the disclosure to the Third Party of any of the contents, information, communications, and material in this application or related to this application.

I certify that I am authorized to sign on behalf of the applicant.

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

Authorized Signer: _____ Date: _____

Printed Name: _____ Title: _____

Knowingly submitting a false statement is a Class B Misdemeanor under Utah Code [Utah Code § 76-8-504](#).

ASSOCIATED CLASSIFICATIONS

Utah licenses contractors by “classification”, which identifies the work you can do. Some classifications require exams, experience, certifications, or that the qualifier hold specific individual licenses. All qualifications must be met before applying.

The Scopes of Practice for Trade Classifications can be found on the [DOPL Contactor website](#).

General Classifications: (Select All That Apply)	Specialty Trade Classifications: You may select up to three (3) from the list below.
<input type="checkbox"/> E-100: General Engineering <input type="checkbox"/> B-100: General Building <input type="checkbox"/> R-100: Residential & Small Commercial <input type="checkbox"/> E-200: General Electrical * <input type="checkbox"/> E-201: Residential Electrical * <input type="checkbox"/> P-200: General Plumbing * <input type="checkbox"/> P-201: Residential Plumbing * <i>*Electrical and plumbing classifications require the qualifier to hold the trade’s Master License.</i>	<hr/> <hr/> <hr/> <p><i>R-101 Residential/Small Commercial Non-Structural Remodel/Repair may NOT have any other specialty classification.</i></p>

SPECIALTY TRADE CLASSIFICATIONS

B200 Modular Unit Installation Contractor

R101 Residential/Small Commercial Non-Structural Remodel/Repair

R200 Factory Built Housing Contractor

S202 Solar Photovoltaic Contractor

S220 Carpentry & Flooring Contractor

S230 Masonry, Siding, Stucco, Glass, and Rain Gutter Contractor

S260 Asphalt & Concrete Contractor

S270 Drywall, Paint, and Plastering Contractor

S280 Roofing Contractor

S310 Foundation, Excavation, and Demolition Contractor

S330 Landscape & Recreation Contractor

S350 HVAC Contractor

S354 Radon Mitigation

S370 Fire Suppression Systems Contractor¹

S410 Boiler, Pipeline, Wastewater, and Water Conditioner Contractor

S440 Sign Installation Contractor

S510 Elevator Contractor²

S700 Limited Scope Contractor³

Some specialty classifications have additional requirements. Provide the following if you are applying for the specialty classification(s) identified.

¹S370: Fire Suppression Systems:

- ☐ Requires applicant to hold a B100 - General Building Contractor license.

~ OR ~

- ☐ Complete a Department of Labor federally approved apprentice training program or demonstrate two years of experience under the immediate supervision of a licensee who has obtained a certification in fire sprinkler fitting; *and*
- ☐ pass the STAR Fire Sprinkler fitting Mastery examination offered by the National Inspection Testing and Certification Corporation (NITC) or an equivalent examination approved by the Division.

²S510: Elevator Contractor: Provide qualifier’s active **Utah Elevator Mechanic license number**.

Utah license number: _____.

³S700: Limited Scope: Submit a detailed written explanation of the requested scope of practice.

Qualifier Affidavit

Please have each Qualifier complete a separate affidavit. Duplicate pages 8, 9, & 10 as necessary

CONTRACTOR BUSINESS INFORMATION

Contractor Business Name: _____

Contractor EIN: _____

Contractor License Number: (if available) _____

QUALIFIER INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

SSN:* _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

If required for classification, DOPL Professional License* number: _____
***Electrical and plumbing classifications** require the qualifier to hold the trade's Master License.
Elevator classification requires the qualifier to hold an Elevator Mechanic License.

Select Qualifier's Business Entity Position:
☐ **Owner of at least 20%** OR ☐ **W-2 Employee in Management Position**

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's License or State ID Card: _____
State of Issue Driver License Number Expiration Date

NOTE: If you do not hold a US Driver's 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. Please upload a legible copy (back and front) of **ONE** of the following documents:

- Unexpired United States Passport
- I-94 (Arrival/Departure Record)
- I-551 (Permanent Resident Card, a.k.a. Green Card)
- I-766 (Employment Authorization Card)
- I-327 (Reentry Permit)
- I-571 (Refugee Travel Document)
- Certificate of Citizenship Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 Language)
- Temporary I-551 Stamp (on passport or I-94)
- Unexpired Foreign Passport with SEVIS ID (either an I-20 or DS2019)
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

If you do not have any of these documents, please contact the United States Citizenship and Immigration Services (USCIS) at their website: www.uscis.gov or by phone 1-800-375-5283. Walk-Ins are not accepted.

Qualifier Affidavit

QUALIFIER ACCEPTANCE & CERTIFICATION

To be completed by the proposed qualifier:

Initial *each* numbered line and sign to accept appointment as Qualifier for the applicant contractor and to certify, acknowledge, and agree that:

- _____ 1. I have read and understand my responsibilities as a contractor's qualifier, in [Utah Code § 58-55](#), and [Utah Administrative Code § R156-55a](#). As required by [Utah Code § 58-55-304 \(4\)](#), I will always exercise material authority in the conduct of the contracting business.
- _____ 2. As qualifier, it is my responsibility to make sure both myself and the contractor comply with all contractor laws and rules. Violation may result in civil, administrative, or criminal sanctions against me, the contractor's owners, and the contractor.
- _____ 3. I am qualified to serve as the contractor's qualifier, for the license(s) applied for.
- _____ 4. The applicant has general liability insurance as required by Utah law, which covers ALL contracting scope of work. While I am the qualifier:
 - _____ a. I will make sure our required general liability insurance is in effect for the entire duration of active licensure;
 - _____ b. I will always keep a copy of all general liability insurance certificates, which show the name and address of the insurance company, name and address of the insured, policy number, expiration date, and policy limits.
- _____ 5. If the contractor ever has employees, or owner-workers with less than 8% ownership, I will make sure the contractor has workers' compensation insurance as required by Utah law, and always keep a copy of this information.
- _____ 6. I understand the Division may request records and information anytime to determine compliance.
- _____ 7. I am responsible to update the Division of any changes related to the applicant's contractor's license and my qualifications as a qualifier, including but not limited to: my status as an employee or owner, and notifying the Division if I cease association with the contractor.

I declare under criminal penalty under the law of Utah that the information in this form, including in any additional pages and attachments, is true and correct.

Signature of Qualifier: _____ **Date:** _____

Printed Name: _____

Qualifier Affidavit

Utah licenses contractors by "classification", which identifies the work you can do. The Scope of Practice for each Trade Classification can be found in [Utah Admin Rule R156-55a-301](#).

Some classifications require exams, experience, certifications, or that the qualifier hold specific individual licenses. All qualifications for the classifications selected in this application must be met before applying.

For each section below, select the option that meets your specific circumstances. Approved Pre-Licensure Course providers are listed at <https://dopl.utah.gov/contracting/websites>.

PRELICENSURE COURSE – ALL CLASSIFICATIONS

Please choose **ONE (1)** of the following to fulfill the Pre-Licensure Course requirement. Along with your selection, provide copies of your course certificate or transcripts as necessary.

- ☐ Pre-licensure Course (25-hour pre-licensure course minimum plus 5-hour Business and Law Course if applying for General or Primary Classification)
- ☐ Current qualifier on an active and unrestricted Utah contractor license—license number _____
- ☐ Qualifier holds **accredited 2 or 4-year degree** in Construction Management. Submit official school transcripts.
- ☐ Qualifier holds an active and unrestricted Utah professional engineer license—license number _____
- ☐ **Applying by Endorsement** ([endorsement requirements](#).)
Submit official verification of licensure from the jurisdiction's licensing authority.

GENERAL CLASSIFICATIONS ONLY - EXAM

General Classification qualifier must have passed the required exam. *If you are only applying for Specialty Classifications, you do not need to complete this section.* Select **ONE (1)** of the following and provide the appropriate documentation.

- ☐ Pass the Utah Contractor Business and Law exam. See the [exam section](#) on the contractor page of our website for additional information. Date exam taken: _____.
- ☐ Previously identified as a qualifier on any Utah contractor license PRIOR TO May 9, 2017. Utah license number: _____.
- ☐ Previously identified as a General Classification Qualifier on a Utah contractor license at any time. Utah license number: _____.
- ☐ **Applying by Endorsement** ([endorsement requirements](#).)
Submit official verification of licensure from the jurisdiction's licensing authority.

GENERAL CLASSIFICATIONS ONLY - EXPERIENCE

General Classification qualifier must have at least TWO years of paid experience in the construction industry or meet standards of [licensure by endorsement](#). Select **ONE of the following** and provide the appropriate documentation. Do not complete this section if you are applying for Specialty Classifications, ONLY.

- ☐ **Self-certification of experience:** By selecting this option and signing below, I certify I have at least 4,000 hours of paid work experience in the construction industry AND have knowledge of the principles of the conduct of business as a contractor reasonably necessary for the protection of the public health, safety, and welfare.
Signature of Qualifier: _____ **Date:** _____
- ☐ **Previously identified as a qualifier**, for at least TWO years, on any Utah contractor license at any time.
Utah license number: _____.
- ☐ Qualifier holds an **accredited 2 or 4-year degree** in Construction Management. Submit official school transcripts.
- ☐ Qualifier holds an active and unrestricted Utah **professional engineer license**.
Utah professional engineer license number: _____.
- ☐ Qualifier has passed the **NASCLA Examination** for Commercial General Building Contractors.
Date of exam: _____.
- ☐ **Applying by Endorsement** ([endorsement requirements](#).)
Submit official verification of licensure from the jurisdiction's licensing authority.

APPLICATION CHECKLIST AND INSTRUCTIONS

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 Admin. Code R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

The following items are required to complete your application:

- ☐ Non-refundable application processing fee made payable to "DOPL".

Please use the following table to determine the fees based on your application:

Total Number of Qualifiers _____	x \$50.00 = \$ _____
Total Number of Classifications _____	x \$175.00 = \$ _____
Electronic Reference Library Surcharge*	\$ <u>1.00</u>

Total* Application Processing Fee : \$ _____

Add amounts for **Qualifier**, **Classification**, and **Surcharge** to determine total required fees to submit with the application.

***Electronic Reference Library Surcharge:** The Division must collect a surcharge on each application to provide licensees access to an electronic reference library with web-based access to national, state, and local building codes and standards. To request access once your license is issued, please email b4@utah.gov.

- ☐ Supporting documentation for any "yes" answers provided on the Qualifying Questionnaire (page 3), or the Financial Responsibility Questionnaire (page 3).
- ☐ Documentation of meeting the Prelicensure Course requirement (page 8).
- ☐ If the applicant entity is owned in whole or in part by a trust, submit a copy of the trust agreement.
- ☐ If the applicant entity is owned in whole or in part by a parent company, provide documentation showing the ownership, including a diagram, if ownership is layered.
- ☐ A complete list of all Owners, Officers, & Directors for this company, any parent companies, and any subsidiary companies.
- ☐ Supporting documentation for the employee selection (page 4).
- ☐ General liability insurance certificate (page 6).
- ☐ If the applicant entity is **unincorporated**, and you have one or more owners owning less than 8%, complete **Appendix F** available on the contractor page of DOPL's website under "additional forms".
Submit an additional \$20 registration fee for each owner owning less than 8% (in addition to the fees above).

GENERAL CLASSIFICATION INITIAL LICENSE APPLICANTS

In addition to the items required for all applicants, submit:

- ☐ Please submit a copy of your certificate of completion for the **25-hour pre-licensure course**. If applying for an E100, B100, R100, E200, E201, P200, or P201 classification, you must also complete the **5-hour Business & Law Course**.
Note: If you took the course before May 9, 2017, a copy of your certificate for completion of the 20-hour pre-licensure course will suffice
- ☐ Documentation of meeting the Utah Business and Law exam requirement.

APPLICANTS APPLYING BY ENDORSEMENT

If you are currently licensed as a Contractor in a jurisdiction determined equivalent to Utah, and you have a minimum of ONE year of experience with that license, you may apply for licensure by endorsement. For information on approved jurisdictions, click [here](#).

In addition to the items required for all applicants, submit: Official Verification of your out-of-state license(s) that includes ownership information. At least 50% of the ownership proposed for the Utah license must be the same as the ownership of the license used for endorsement. Additionally, no more than 50% of the ownership may have changed within the last year.

Applicants with *foreign education* can find details at: <https://dopl.utah.gov/internationally-trained-applicant-information/>

Return completed application to:

In person or via express delivery:
Division of Professional Licensing
160 E 300 S
Salt Lake City, UT 84111

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

If you have questions, please send them to our email address, b4@utah.gov or via the phone number listed below.

Applications are not accepted by email.