



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Licensed Utah Contractor Application to:

Change Ownership

Change Employee Status

(Have or Do Not Have Employees)

APPLICANT INFORMATION

Business Legal Name: _____

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

**Utah Division of Corporation
Registration (entity) Number:** _____

**IRS Employee ID
Number (EIN):** _____

DBA (if applicable): _____

**DBA Registration
Number:** _____

Mailing Address: _____

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

City

State

ZIP Code

Email: _____

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

Name of Local Contact for Licensing Purposes (if applicable): _____

Phone Number for Local Contact (if applicable): _____

Utah Contractor License 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, qualifiers, and prior entities and DBA's for which these individuals have been involved.

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 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 and Position of the Authorized Signer: _____

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 or administrative action pending or active**?
-
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 question, 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)

NOTE:

- DISCLOSE charges that were later held in abeyance, diverted, reduced, or dismissed.
- DISCLOSE motor vehicle offenses such as driving while impaired or intoxicated; however, you do not need to disclose minor traffic offenses such as a parking or speeding violations.
- 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 juvenile offenses, unless you were convicted outside of juvenile court.
- You do NOT NEED TO DISCLOSE legally expunged criminal histories.

For more information, see DOPL's [criminal history FAQs](#)

BUSINESS ENTITY INFORMATION

Section 1: Please select entity type:

- Sole Proprietorship
- Corporation
- Business Trust
- General Partnership
- Limited Liability Company*
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Limited Partnership

*If you selected LLC above, is the applicant entity manager-managed? Yes No

OWNERSHIP AND CONTROL

Please complete for **EACH** individual holding ownership interest and/or control of the applicant, including all governors, officers, directors, managers, members, partners, and sole proprietors. Make additional copies as needed.

Full Legal Name: _____
First Middle Last

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

SSN: _____ **Date of Birth:** _____

Position Held: _____ **Percent of Ownership:** _____

Will this person work in the construction trades? Yes No If yes, complete the section below:

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.

Full Legal Name: _____
First Middle Last

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

SSN: _____ **Date of Birth:** _____

Position Held: _____ **Percent of Ownership:** _____

Will this person work in the construction trades? Yes No If yes, complete the section below:

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.

FINANCIAL RESPONSIBILITY

1. 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?

2. 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, 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: A bond may be required. Information on bond criteria and amounts is in the statute and rules available on our website at: www.dopl.utah.gov/contractor

EMPLOYEES

Please select ONE:

The applicant **HAS EMPLOYEES or OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP**. Submit a copy of the following:

1. [Workers' Compensation Certificate](#).

- AND -

2a. [Workforce Services Unemployment Insurance Registration No.:](#) _____

[Utah State Tax Commission Withholding Tax Account No.:](#) _____

** If exempt from Utah withholdings by doing business in Utah for 60 days or less, submit written exemption approval from the Utah Tax Commission.*

- OR -

2b. Signed contract with an approved [Professional Employer Organization \(PEO\)](#).

The applicant does **NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES**.

If the applicant later hires employees, I certify that I will notify the Division in writing with the above information, BEFORE work is performed. Submit [Workers' Compensation Coverage Waiver](#) from the Utah Labor Commission.

GENERAL LIABILITY INSURANCE

All licensees MUST have General Liability Insurance. The Certificate of Insurance MUST have the following:

- Minimum coverage is **\$100,000 for each incident and \$300,000 in total**.
- DOPL's name and address as the certificate holder: DOPL, 160 E 300 S, P.O. Box 146741, Salt Lake City, Utah 84114.
- Policy covers all your scope of work for the license, for the entire duration of active licensure.

Note: Exclusions in your insurance policy that limit the coverage and do not cover all the scope of work that you perform may result in disciplinary action against your business, qualifiers, and owners, including but not limited to: fines, suspension, or revocation.

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.**

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of Authorized Signer: _____

Knowingly making a false statement is a Class B Misdemeanor under Utah Code 76-8-503.

APPLICATION CHECKLIST AND INSTRUCTION

*This checklist is for your convenience; you do not need to include it with your application. **NOTE: Incomplete applications may result in processing delays or denial.***

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:

- Supporting documentation for any “yes” answers provided on the Qualifying Questionnaire (page 2), or the Financial Responsibility Questionnaire (page 4).
- If the applicant entity is unincorporated, **and** you have one or more owners owning less than 8%, complete [Appendix G](#) which can be found 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).
- If the applicant entity is unincorporated and owned in whole or in part by an individual or multiple individuals, you must complete the Ownership and Control section (page 6) for EACH individual holding ownership and/or control, including all: governors, officers, directors, managers, members, partners, and sole proprietors.
- 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 by a parent company, provide documentation showing the ownership, including a diagram, if ownership is layered.
- Supporting documentation for the Employee selection (page 4).
- General Liability Insurance Certificate (page 4).

Submit your completed application in person or by mail to:

In-person or express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

U.S. Postal Service:

Division of Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741