



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Contractor: Employee Designation

This form is only required for licensees who are changing their employee designation.

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): _____

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.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of Authorized Signer: _____