



Affirmation of Exemption from Contractor Licensure
(Handyman Exemption)

APPLICANT INFORMATION

Business Legal Name: _____
**Note: If you are a Sole Proprietor, this is your full 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): _____

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 exemption from licensure/certification/registration.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

SOLE PROPRIETERS

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

ID/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.

AFFIRMATION

I certify that I have read and understand the limitations of the exemptions in Utah Code 58-55-305 and Utah Administrative Code R156-55a-305. I further certify that once granted this exemption, I will limit any work performed to activities exempted from licensure.

I understand I must maintain liability insurance and applicable worker compensation insurance for the duration of the exemption granted. I understand that I must renew this exemption with the Division prior to the expiration date and demonstrate I maintained insurance coverage as required by law.

I understand it is unlawful conduct for an unlicensed person, including those with affirmation of exemption (handyman), to use the term contractor, builder, plumber, electrician, alarm system installation, mechanical work or similar words that may imply that an entity or person will do work that only a licensed contractor, plumber, electrician, or alarm system installer can perform. All affirmations of exemption which contain such inappropriate words in the name will be denied.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

GENERAL LIABILITY INSURANCE

General liability insurance must be maintained for the duration of your affirmation. You must submit a General Liability Insurance Certificate with your application. The certificate must include:

- 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 number, expiration date, the insurance company and contact information.

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, including but not limited to: fines, suspension, or revocation.

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.

CHECKLIST

NOTE: Incomplete applications will be denied.

The following items are required to complete your application:

- \$35.00 non-refundable application processing fee, made payable to "DOPL"
- General Liability Insurance Certificate meeting the requirements described above
- Supporting documentation for the Employee selection

Submit the above items with your completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
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