State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Licensure By Endorsement Verification Form

Applicant: After completing "section I" provide the form to the licensing entity of the state where you were originally licensed to complete "section II". This form may be submitted with your application, or emailed to: doplbureau5@utah.gov.

I. This section to be completed by applicant

PERSONAL INFORMATION (please type or print)		
Social Security Number:		
Name: *(F)*	*(M)*	*(L)*
Address:		
City:	State:	Zip:
Phone: ( )	Email:	

II. This section to be completed by state of original licensure

LICENSE INFORMATION		
From ***(Verifying state)***:		
License type:	Date issued:	
License number:	Expiration:	
METHOD OF LICENSURE		
Date of examination:	Score:	
Qualified for exam by:	☐ Apprenticeship completion	
	☐ Work experience outside of apprenticeship	Hours obtained:
	☐ Endorsement / Reciprocity	State:
☐ Other ***(please explain)***:		
DISCIPLINARY ACTION		
☐ No ☐ Yes ***(provide certified copies of all petitions, orders, etc.)***		
VERIFIER'S INFORMATION		
Verifier's name: *(F)*	*(M.I.)*	*(L)*
Position / Title:	Phone: ( )	*{Please affix official seal below}*
Email:		
Signature of verifier:	Date:	