


**APPLICATION FOR LICENSE RENEWAL / REINSTATEMENT**

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS	INTERNET RENEWAL ID NUMBER
Please fill in:	<b>Contract Security Company</b>	<b>\$203.00</b>	<b>11/30/2022</b>	Additional fees are required after expiration. See reverse for details.	Please call DOPL for your Internet Renewal ID Number

↓ NAME AND ADDRESS OF RECORD ↓

↓ ADDRESS / PHONE CORRECTION ↓

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

This address will be used for all correspondence from DOPL. You may use a business address or PO Box instead of a home address. If your address changes, notify DOPL directly. Do not rely on a postal service forwarding order. Submit changes at [www.dopl.utah.gov](http://www.dopl.utah.gov)

Please write in your name and address of record.

**QUALIFYING QUESTIONNAIRE**

Answer "YES" or "NO" for each question. Do not leave any question blank.

Please note that false, misleading, or fraudulent answers may result in loss of licensure and/or criminal prosecution and are subject to random audit.

(For questions 1 - 4 below, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations do not need to be listed.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Since the last renewal or issuance of this license have you pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a deferred sentence with respect to any felony or misdemeanor in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Since the last renewal or issuance of this license have you been charged with or arrested for any felony or misdemeanor in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Since the last renewal or issuance of this license have you surrendered or had any disciplinary action taken against a license to practice in a regulated profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?

If you answered "YES" to question 1, 2, 3 or 4 above, see #1A on page two for instructions on additional requirements.

**LIABILITY INSURANCE** - \$300,000 minimum (policy must not be expired)

Name of Insurance Company:			
Phone Number of Insurance Company:			
Policy Number:		Expiration Date:	
Aggregate Liability Coverage Amount:			

**WORKERS COMPENSATION INSURANCE** (policy must not be expired)

Workers Comp Insurance Company:			
Phone Number of Insurance Company:			
Policy Number:		Expiration Date:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your company a sole proprietor? If yes, complete the following:
	My Social Security Number is: ____ - ____ - ____
	<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __
	<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.
	<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __
	<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.
	<input type="checkbox"/> I am a foreign national not physically present in the United States.

**AFFIDAVIT / SIGNATURE**

Read the following carefully. Sign below or follow the instructions as indicated.

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

I also certify that I have completed or will complete all renewal requirements, if applicable, including those specified below before the expiration or reinstatement of my license. I understand that I may be subject to audit by DOPL of having met these requirements.

I further certify that I am the licensee described and identified in this application for license renewal / reinstatement. I am qualified in all respects for the renewal or reinstatement of this license. To the best of my knowledge, the information contained in this application is complete and correct, and is free of fraud, misrepresentation, or omission of material fact. I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If unable to sign, see #1B on page 2 for instructions.)

**RENEWAL REQUIREMENTS**

**Specific to your occupation / profession:**

You must have notified DOPL of any change in its qualifying agent(s) and any change to its officers, directors, and shareholders with 5% or more of the outstanding shares of the corporation. 58-63-302(1)(j): You are required to file and maintain with the division evidence of: (i) comprehensive general liability insurance in form and in amounts to be established by rule by the division in collaboration with the board; (see below) (ii) workers' compensation insurance that covers employees of the applicant in accordance with applicable UT law; (iii) registration with the Division of Corporations and Commercial Code; and (iv) registration as required by applicable law with the: (A) Division of Workforce Information and Payment Services in the Department of Workforce Services, for purposes of Title 35A, Chapter 4, Employment Security Act; (B) State Tax Commission; and (C) Internal Revenue Service R156-63a-302d: Qualification for Licensure - Liability Insurance for a Contract Security Company In accordance with Subsections 58-1-203(1)(b)m and 58-1-301(3), the insurance requirements for licensure as a contract security company in Subsection 58-63-302(1)(j)(i) are defined, clarified, or established as follows. (1) An applicant shall file with the division a "Certificate of Insurance" providing liability insurance for the following exposures: (a) general liability; (b) assault and battery; (c) personal injury; (d) false arrest; (e) libel and slander; (f) invasion of privacy; (g) broad form property damage; (h) damage to property in the care, custody or control of the contract security company; and (i) errors and omissions. (2) Said insurance shall provide liability limits in amounts not less than \$300,000 for each incident and not less than \$1,000,000 total aggregate for each annual term. (3) The insurance carrier must be an insurer which has a certificate of authority to do business in Utah, or is an authorized surplus lines insurer in Utah, or is authorized to do business under the laws of the state in which the corporate offices of foreign corporations are located. (4) All contract security companies shall have a current insurance certificate of coverage as defined in Subsection (1) on file at all times and available for immediate inspection by the division during normal working hours. (5) All contract security companies shall notify the division immediately upon cancellation of the insurance policy, whether such cancellation was initiated by the insurance company or the insured agency.

Unlawful Conduct: Your license will automatically expire unless you renew it prior to its expiration date. If your license expires, you may not practice until a new license is issued. Subsection 58-1-501(1)(a) and Section 58-1-502, U.C.A., make it unlawful and punishable as a criminal offense to practice your occupation or profession beyond the expiration of your license.

**For Division Use Only – Do Not Write in this Area**

**1. ADDITIONAL REQUIRED DOCUMENTATION:**

- A) If you answered “yes” to question 1, 2, 3, and/or 4 on the first page of this renewal, you must submit complete documentation – including any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement – for each and every arrest, charge, and/or conviction.
- B) If you cannot sign the Affidavit on the first page of this renewal, you must submit a complete written explanation of why you cannot sign. If applicable, this explanation must include the reasons you have not or will not complete the continuing education requirements before the expiration or reinstatement of your license. DOPL personnel will reach a renewal decision on a case-by-case basis after a thorough review of your explanation. Additionally, you may be requested to provide additional information if the documentation submitted is insufficient.

**2. CHECKLIST FOR TIMELY RENEWAL / REINSTATEMENT BY MAIL:**

- Answer all four of the certification questions on page 1 and provide additional documentation, if applicable (#1A above).
- Sign the Affidavit on page 1 or submit a complete explanation of why you cannot sign (#1B above).
- Pay the correct fee. If reinstating a license after the expiration date, you must pay an additional reinstatement fee.
- Sign your check or money order. **DO NOT SEND CASH.** (Make checks or money orders payable to “DOPL.”)
- Enclose documentation of your legal name change, if applicable. (See #3 below).
- Mail all fees, forms, and documentation to DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

**3. LEGAL NAME CHANGE:** If your legal name has changed, you must verify the change by submitting a copy of a marriage certificate, divorce decree, court order, social security card, or contractor name change form. If your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

**4. ADDRESS CHANGE:** You are responsible to notify DOPL of address changes as they occur. Do not rely on postal service forwarding orders to provide DOPL with this information. Submit changes online at [www.dopl.utah.gov](http://www.dopl.utah.gov). If licensed as an entity, including sole proprietor, you must also notify the Utah Division of Corporations of the change: (801) 530-4849.

**5. TIMELY RENEWAL:** You are responsible to comply with all renewal / reinstatement requirements stated in statute and rule. Your license will automatically expire unless you renew it prior to its expiration date. Therefore, you are encouraged to immediately submit a completed Application for License Renewal / Reinstatement. You can save time by renewing online at [www.dopl.utah.gov](http://www.dopl.utah.gov) where you can immediately print out a confirmation of renewal.

**6. APPLICATION APPROVAL:** Your application will be approved unless you do not meet the renewal / reinstatement requirements or have engaged in serious misconduct. Licenses with specific requirements listed on page 1 of this form may be subject to audit by DOPL. Those selected for audit will be notified. Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

**7. NON-REFUNDABLE FEES:** Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Please be aware that simply paying the fees does not mean that your license will be automatically renewed unless you meet the current renewal requirements and thereby qualify for a renewed license.

**8. REINSTATEMENT FEES:** If you fail to timely renew your license, you will be subject to the following conditions:

- A) If you are reinstating your license within 30 days after the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$20.00 for **EACH** license being reinstated.
- B) If you are reinstating your license after 30 days and within two years of the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$50.00 for **EACH** license being reinstated. (*Reinstating Lien Recovery Fund members must also submit another \$100.00 in addition to any special LRF assessments.*)
- C) Fees are subject to change each July 1. If listed, the fees on the application are current at the time printed. Please verify the current fee at [www.dopl.utah.gov](http://www.dopl.utah.gov) if applying for reinstatement more than one year following expiration of your license.

**NOTICE:** If you fail to reinstate your license within two years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308g(3). Contact DOPL for assistance if reinstating after two years of expiration.

**9. ON-LINE RENEWAL INFORMATION:** Most professional licenses can be renewed on-line at [www.dopl.utah.gov](http://www.dopl.utah.gov) by using a credit or debit card and a unique “Renewal ID Number” (similar to a pin number). This timesaving system allows a renewing licensee to immediately print out a confirmation of renewal that is as valid as a license certificate and can be used until a renewed license certificate arrives by mail within two weeks. Contact DOPL if you do not have a renewal ID number.

**10. TAX ID NUMBER:** The Tax ID Number for the Division of Occupational and Professional Licensing is 87-6000545.