



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Licensed Utah Contractor Request to:

Add or Replace a Qualifier (same classification) Add a New Classification

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): _____

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](#)

PROFESSIONAL LICENSES

List all licenses, registrations, or certifications you currently hold, or have held, in any jurisdiction, in any profession.
(Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

- Yes No If you have an out of state Contractor license, do you have at least ONE year of experience in that jurisdiction after the license was issued?

If YES, see the checklist at the end of this application or [our website](#) for information about applying for licensure by endorsement.

QUALIFIER INFORMATION

Qualifier's Full Legal Name:

First Middle Last

Residential Address:

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

City State ZIP Code

Email: _____ SSN: _____

Phone: _____ Date of Birth: _____

If required for classification, DOPL individual trade license*:

*Electrical and plumbing classifications require the qualifier to hold the trade's master license. Elevator classification requires the qualifier to hold an elevator mechanic license.

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.

Select Qualifier's Business Entity Position:

- Owner of at least 20% *see below

Position Held: _____ Percent of Ownership: _____

- OR -

- W-2 Employee in Management Position

*If you selected Owner of at least 20% above, you must also submit the [Change Owner/Employee Status](#) form.

NOTE: It is the responsibility of the licensee to notify DOPL of any changes in ownership of the company.

QUALIFIER FINANCIAL RESPONSIBILITY

1. Yes No **Within the last eight years**, have you or any prior entities for which you have been involved, had any **judgments, liens, tax liens**, or **child support** delinquencies levied against them?

2. Yes No **Within the last seven years**, have you or any prior entities for which you 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

Signature of Qualifier: _____ Date: _____

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

QUALIFIER ACCEPTANCE & CERTIFICATION

To be completed by the proposed qualifier: *Initial each numbered line and sign to accept appointment as Qualifier for the licensed contractor and to certify, acknowledge, and agree that:*

- 1. _____ I have read and understand my responsibilities as a contractor’s qualifier, in Utah Code Title 58, Chapter 55, and Utah Administrative Code R156-55. As required by Utah Code 58-55-304(4), I will always exercise material authority in the conduct of the contracting business.
Initial here
- 2. _____ As qualifier, it is my responsibility to make sure both myself and the contractor comply with all contractor laws and rules. Violation may result in civil, administrative, or criminal sanctions against me, the contractor’s owners, and the contractor.
Initial here
- 3. _____ I am qualified to serve as the contractor’s qualifier, for the license(s) applied for.
Initial here
- 4. _____ The licensed contractor has general liability insurance as required by Utah law, which covers ALL contracting scope of work. While I am the qualifier:
 - a. _____ I will make sure our required general liability insurance is in effect for the entire duration of active licensure;
Initial here
 - b. _____ I will always keep a copy of all general liability insurance certificates, that show the name and address of the insurance company, name and address of the insured, policy number, expiration date, and policy limits.
Initial here
- 5. _____ If the contractor ever has employees, or owner-workers with less than 8% ownership, I will make sure the contractor has workers’ compensation insurance as required by Utah law, and always keep a copy of this information.
Initial here
- 6. _____ I understand the Division may request records and information anytime to determine compliance.
Initial here
- 7. _____ I am responsible to update the Division of any changes related to the applicant’s contractor’s license and my qualifications as a qualifier, including but not limited to: my status as an employee or owner, and notifying the Division if I cease association with the contractor.
Initial here

I have read this entire application. All information in it and all supporting documents are true and correct, and disclose all material facts about the Qualifier. I will update and correct this application as necessary.

Signature of Qualifier: _____ Date: _____
Knowingly making a false statement is a Class B Misdemeanor under Utah Code Section 76-8-503.

If this application is being used to replace an existing Qualifier, please indicate who is being replaced and date of this action:

Name of Qualifier being replaced: _____ Date of this action: _____

CLASSIFICATIONS

Utah licenses contractors by “classification”, which identifies the work you can do. Some classifications require exams, experience, certifications, or that the qualifier hold specific individual licenses. All qualifications must be met before applying.

[The Scope of Practice for each Trade Classification can be found in the laws and rules tab on our website](#)

General Classifications: *(select all that apply)*

- E-100: General Engineering
- B-100: General Building
- R-100: Residential & Small Commercial
- E-200: General Electrical *
- E-201: Residential Electrical *
- P-200: General Plumbing *
- P-201: Residential Plumbing *

*Electrical and plumbing classifications require the qualifier to hold the individual master level license.

Specialty Classifications:

You may select up to three (3) specialty classifications from the list below.

- : _____
- : _____
- : _____

R-101 Residential/Small Commercial Non-Structural Remodel/Repair may NOT have any other specialty classification.

GENERAL TRADE CLASSIFICATIONS

E100 General Engineering Contractor	E201 Residential Electrical Contractor
B100 General Building Contractor	P200 General Plumbing Contractor
R100 Residential/Small Commercial Contractor	P201 Residential Plumbing Contractor
E200 General Electrical Contractor	

SPECIALTY TRADE CLASSIFICATIONS

B200 Modular Unit Installation Contractor	S310 Foundation, Excavation, and Demolition Contractor
R101 Residential/Small Commercial Non-Structural Remodel/Repair	S330 Landscape & Recreation Contractor
R200 Factory Built Housing Contractor	S350 HVAC Contractor
S202 Solar Photovoltaic Contractor	S354 Radon Mitigation
S220 Carpentry & Flooring Contractor	S370 Fire Suppression Systems Contractor
S230 Masonry, Siding, Stucco, Glass, and Rain Gutter Contractor	S410 Boiler, Pipeline, Waste Water, and Water Conditioner Contractor
S260 Asphalt & Concrete Contractor	S440 Sign Installation Contractor
S270 Drywall, Paint, and Plastering Contractor	S510 Elevator Contractor
S280 Roofing Contractor	S700 Limited Scope Contractor

Some specialty classifications have additional requirements. Provide the following if you are applying for the specialty classification identified.

- S510: Elevator Contractor:** Qualifier must hold an active Utah Elevator Mechanic license.
Utah license number: _____.
- S370: Fire Suppression Systems:** Requires the applicant to hold a B100 - General Building Contractor license. – **OR** – document the following:
 - o Complete a Department of Labor federally approved apprentice training program or demonstrate two years of experience under the immediate supervision of a licensee who has obtained a certification in fire sprinkler fitting; *and*
 - o pass the STAR Fire Sprinkler fitting Mastery examination offered by the National Inspection Testing and Certification Corporation ([NITC](#)) or an equivalent examination approved by the Division.
- S700: Limited Scope:** Submit a detailed written explanation of the requested scope of practice.

PRELICENSURE COURSE – ALL CLASSIFICATIONS

Each qualifier must complete an approved Prelicensure Course or meet standards in R156-55a-302f(10). Approved Prelicensure Course providers may be found [Here](#).

Select ONE of the following and provide the appropriate documentation:

- 25-hour Prelicensure Course prior to July 01, 2019 – **all classifications**. *Attach copy of certificate of completion.*
- Specialty Classification:** 25-hour Prelicensure Course. *Attach copy of certificate of completion.*
- General Classification:** 25-hour Prelicensure Course PLUS 5-hour Business and Law Course. *Attach copy of certificate of completion.*
- Within the last 5 years the qualifier is or has been a qualifier on an active and unrestricted Utah contractor license. Utah contractor license number: _____.
- Qualifier holds an accredited construction management degree (2 or 4-year degree). *Submit official school transcripts.*
- Qualifier holds an active and unrestricted Utah professional engineer license. Utah professional engineer license number: _____.

GENERAL CLASSIFICATIONS ONLY - EXAM

General Classification qualifier must have passed the required exam. If you are only applying for Specialty Classifications, you do not need to complete this section.

Select ONE of the following and provide the appropriate documentation.

- Pass the Utah Contractor Business and Law exam. See the [exam section](#) on the contractor page of our website for additional information. Date exam taken: _____.
- Previously identified as a qualifier on any Utah contractor license PRIOR TO May 9, 2017. Utah license number: _____.
- Previously identified as a General Classification Qualifier on a Utah contractor license at any time. Utah license number: _____.
- Applying by endorsement with ONE year of licensed experience working in another jurisdiction. See page 2 for additional information. *Submit official verification of licensure from the jurisdiction's licensing authority.*

GENERAL CLASSIFICATIONS ONLY - EXPERIENCE

General Classification qualifier must have at least TWO years of paid experience in the construction industry, or meet standards in Utah Code 58-1-302. If you are only applying for Specialty Classifications, you do not need to complete this section.

Select ONE of the following and provide the appropriate documentation.

- Self-certification of experience: By selecting this option and signing below, I certify I have at least 4,000 hours of paid work experience in the construction industry AND have knowledge of the principles of the conduct of business as a contractor reasonably necessary for the protection of the public health, safety, and welfare.

Signature of Qualifier: _____ **Date:** _____

- Previously identified as a qualifier, for at least TWO years, on any Utah contractor license at any time. Utah license number: _____.
- Qualifier holds an accredited 2 or 4-year degree in Construction Management. *Submit official school transcripts.*
- Qualifier holds an active and unrestricted Utah professional engineer license. Utah professional engineer license number: _____.
- Qualifier has passed the [NASCLA Examination for Commercial General Building Contractors](#). Date of exam: _____.
- Applying by endorsement with ONE year of licensed experience working in another jurisdiction. See page 2 for additional information. *Submit official verification of licensure from the jurisdiction's licensing authority.*

OWNERSHIP LISTING

- Yes No Is the applicant owned in whole or in part by a **business entity (parent company)**?
If yes, provide the following:
 - Name, address, and contact information of the business entity.
 - List of all officers and directors (name, residential address, and phone number).
 - Audited financial statement.
 - Evidence or documentation that shows that the applicant is owned by the parent company.
 - If layered ownership, provide a diagram that explains how ownership is established.
 - If publicly traded, most recent SEC Form 10-K filing.
- Yes No Is the applicant owned in whole or in part by a **trust**? If yes, provide the following:
 - Copy of the trust agreement
 - Name and address and phone number of the trustees, beneficiaries, and trustors.
- Yes No Is the applicant owned in whole or in part by an **individual or multiple individuals**?
If yes, please complete the following for **ALL OWNERS INCLUDING SOLE PROPRIETORS (make additional copies as needed)**:

Full Legal Name: _____
First Middle Last

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

City State ZIP Code

Email: _____ SSN: _____

Phone: _____ Date of Birth: _____

Will this owner work in the construction trade? Yes No **Percentage of ownership:** _____%

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's 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

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

City State ZIP Code

Email: _____ SSN: _____

Phone: _____ Date of Birth: _____

Will this owner work in the construction trade? Yes No **Percentage of ownership:** _____%

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's 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.

EMPLOYEES

The applicant **HAS EMPLOYEES or OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP**, you must submit a copy the following:

1. [Worker Compensation Certificate \(or Waiver\)](#). **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, please submit written exemption approval from 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** within the foreseeable future. I certify that I will notify the Division in writing with the above information when the business has employees before work is performed.

GENERAL LIABILITY INSURANCE

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

- The minimum required coverage is **\$100,000 for each incident** and **\$300,000 in total**.
- Must cover the scope of work for the licensee for the entire duration of active licensure.
- DOPL's name and address must be listed as the certificate holder:** DOPL, 160 E 300 S., P.O. Box 14671, Salt Lake City, Utah 84114.
- The insurance certificate **must be included with the application**. It may NOT be emailed or faxed to the Division as it will delay your application.

** Please be careful not to have any exclusions in your insurance policy that limit the coverage and do not cover all the scope of work that you perform as this may result in penalties, fine, or disciplinary action against your business, the qualifiers, and owners, including but not limited to suspension or revocation. **

THIRD – PARTY DISCLOSURE AUTHORIZATION (Optional)

**Want to authorize us to speak with someone outside your company about this application?
If so, 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 of any of the contents, information, communications, and material in this application or related to this application to the Third Party herein designated. I certify that I am authorized to sign on behalf of the licensee. **I declare under criminal penalty under the law of Utah that the foregoing is true and correct.**

Signature of Authorized Signer: _____ Date _____
Knowingly making a false statement as provided under Utah Code Ann. §76-8-503 is a class B misdemeanor.

Printed Name and Position of Authorized Signer: _____

CHECKLIST, FEES, AND INSTRUCTIONS

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 for information sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Qualifier Changes to Existing Classification:

There is a \$50.00 fee for each additional qualifier added to an existing license classification.

If you are already an existing qualifier on **this** license, and wish to be added to additional classification, there is no fee.

There is NO FEE to remove a qualifier if no replacement qualifier is required.

Additional Classifications:

There is a \$175.00 fee for each additional classification added to an existing license. If the classification requires the addition of a qualifier **not already associated with the license**, you must also pay the \$50.00 qualifier fee.

There is NO FEE to remove a classification.

ALL APPLICANTS

The following items are required to complete your application:

- Non-refundable application processing fee made payable to "DOPL".

Please use the following table to determine the fees based on your application:

Total Number of **NEW** Qualifiers: _____ x \$50.00 = \$ _____

Total Number of **NEW** Classifications: _____ x \$175.00 = \$ _____

Total* Application Processing Fee : \$ _____

* Add all amounts for new Qualifiers and new Classifications to determine total required fee to submit with the application.

- Supporting documentation for any "yes" answers provided on the Qualifying Questionnaire (page 2), or the Qualifier Financial Responsibility Questionnaire (page 3).
- If the replacement qualifier holds an ownership position in the business entity as identified on page 3 of this application, you must also include the Change Owner/Employee Status form which can be found [here](#).
- Documentation of meeting the Prelicensure Course requirement (page 6).

ADDING A GENERAL CLASSIFICATION AND/OR ADDING A NEW QUALIFIER

In addition to the items required for all applicants, submit:

- If the new qualifier holds an ownership position in the business entity as identified on page 3 of this application, you must also include the Change Owner/Employee Status form, which can be found [here](#).

NOTE: It is the responsibility of the licensee to notify DOPL of any changes in ownership of the company.

- Supporting documentation for new qualifier education and experience as required by the classifications you are applying for (page 6).
- Documentation of meeting the Utah Business and Law exam requirement (page 6).

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

NOTE: Do not email or fax your application