

## **Bond Release Request Application**

APPLICANT INFORMATION							
Company Name:							
Utah Contractor License Number:							
Email:	Phone Number:						
Bond Expiration Date:							
Qualifier(s) of Company							
Name:	SSN:	Date of Birth:					
Name:	SSN:	Date of Birth:					
Name:	SSN:	Date of Birth:					
Owner(s) of Company							
Name:	SSN:	Date of Birth:					
Name:	SSN:	Date of Birth:					
Name:	SSN:	Date of Birth:					
BOND	RELEASE Q	UESTIONNAIRE					
Do not leave any question blank.							
1. Yes No Has it been more than	three years since	e filing for bankruptcy?					
2. Yes No Are all taxes, liens, judg courts?	gements, and chi	ld support delinquencies paid and satisfied with the					
3.  Yes No Has an appropriate debt payment plan been submitted and accepted by DOPL?							
NOTE: If you answered "No" to any questio	n. vou are inelig	ible for bond release and your request will be denied.					
	PPLICATION (						
The following items are required to complete y							
Completed Credit Report Authorization	• •	owner(s) and qualifier(s). (Page 2)					
Submit your completed request in person or b		., , , , , , , , , , , , , , , , ,					
In-person or express delivery:	In-person or express delivery: U.S. Postal Service:						

Division of Professional Licensing Heber M Wells Building, 1<sup>st</sup> 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

## **CREDIT REPORT AUTHORIZATION**

Your consumer credit report will be obtained from all three credit bureaus: Experian, Trans Union, and Equifax and merged into one complete credit report. For business entities, a credit report will be obtained from Experian Business Credit Services. These credit reports are obtained by the Division directly through the National Association of Credit Management (NACM).

Full Legal Name:	h di alali a			1 4		
First SSN:	Middle  Date of	Birth:	Last			
	24.0 0.					
If Joint, Spouse Name:  First	Middle			Last		
SSN:	Date of	Date of Birth:				
Address:						
Street Address (including Apt/Unit/Ste #)	and/or PO Box City	/		State	Zip	
PERSOI	NAL CREDIT REP	ORT REQU	EST	_		
Type of Report Requested:		Cost:	Paid:	NACM Sta	amp & Date	
☐ Individual Merge Credit Report		\$26.50				
Colorado applicants must add \$9.00 surcharge f	for individual request	\$35.50				
☐ Joint Spouse Merge Credit Report –		\$41.00				
Colorado applicants must add \$18.00 surcharge	e for joint request	\$59.00				
-						
BUSINE	ESS CREDIT REP	ORT REQU	ESI			
Business Legal Name:  Note: If you are a So	ole Proprietor, this is your	legal name				
Mailing Address:						
Street Address (including Apt/U	nit/Ste #) and/or PO Box					
<u> </u>						
City	State			Z	lip	
Tax ID Number: Pr	none No:	En	nail:			
Type of Report Requested:	Cost:	Paid:	NA	.CM Stamp	& Date	
□ Experian Business Credit Report	\$50.00					
ı	PAYMENT INFOR	MATION			_	
☐ Visa ☐ MasterCard ☐ A	merican Express					
Card Number:	Expiration Date: _				CVV:	
Billing Address:						
Street Address (including Apt/Uni	it/Ste #) and/or PO Box					
City	State			Zip		
I hereby authorize the release of all information Intermountain. I further authorize that a photoc	, including credit infor			y (our) acco	ount file with NACM	
Signature of Authorized Signer:					Date:	
Signature of Joint Signer:					Date:	