



Licensed Utah Contractor Application to:
[] Change Ownership [] Change Employee Status
(Have or Do Not Have Employees)

APPLICANT INFORMATION

Business Name:
*Note: If you are a Sole Proprietor, this is your full legal name.

Utah Contractor License Number:

Utah Division of Corporation Registration (entity) Number:
IRS Employee ID Number (EIN):

DBA (if applicable):
DBA Registration Number:

Address:

City: State: Zip:

Phone: () - Email:
*Note: : All Division notices and communication will be sent to this email.

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

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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.

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 Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

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.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Authorized Signature: Date:

Printed Name: Title/Position:



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

- 1. 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. Do you CURRENTLY have any criminal action active or pending?
3. 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. 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 of the above questions, 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)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- DISCLOSE charges that were later held in abeyance, diverted, reduced, or dismissed.
DISCLOSE motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
You do not need to disclose juvenile offenses, unless you were tried as an adult.
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 legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.



BUSINESS ENTITY INFORMATION

Please select entity type:

- Sole Proprietorship
- Corporation
- Business Trust
- General Partnership
- Limited Liability Company*
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Limited Partnership

*If you selected LLC above, is the applicant entity manager-managed? Yes No

OWNERSHIP & CONTROL

Please complete for **EACH** individual holding ownership interest and/or control of the applicant, including all governors, officers, directors, managers, members, partners, and sole proprietors. **Make additional copies as needed.**

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

SSN:* _____ Date of Birth: _____
* If you don't have a social security number, please follow the instructions on the last page.

Position Held: _____ Percent of Ownership: _____ %

Will this person work in the construction trades? Yes No (If yes, complete the section below)

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 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.

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

SSN:* _____ Date of Birth: _____
* If you don't have a social security number, please follow the instructions on the last page.

Position Held: _____ Percent of Ownership: _____ %

Will this person work in the construction trades? Yes No (If yes, complete the section below)

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 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.



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

FINANCIAL RESPONSIBILITY

1. Within the last eight years, has the: applicant, proposed qualifier, owner, director, governor, officer, manager, member, partner, or any prior entities for which these individuals have been involved, had any judgments, liens, tax liens, or child support delinquencies levied against them?

2. Within the last seven years, has the: applicant, proposed qualifier, owner, director, governor, officer, manager, member, partner, or any prior entities for which these individuals 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/contracting

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.

GENERAL LIABILITY INSURANCE

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

- 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 covers all your scope of work for the license, for the entire duration of active licensure.

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 against your business, qualifiers, and owners, including but not limited to: fines, suspension, or revocation.

THIRD - PARTY DISCLOSURE AUTHORIZATION (OPTIONAL)

To authorize DOPL to speak with someone outside your company about this application, 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 to the Third Party of any of the contents, information, communications, and material in this application or related to this application.

I certify that I am authorized to sign on behalf of the applicant. I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature of Authorized Signer: Date:

Printed Name and Position of Authorized Signer:

Knowingly making a written false statement is a Class B Misdemeanor under Utah Code 76-8-504.



APPLICATION CHECKLIST 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 with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

The following items are required to complete your application:

- \$20.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the Qualifying Questionnaire (page 2), or the Financial Responsibility Questionnaire (page 4).
- Provide a copy of a Business Purchase Agreement, Transfer of Ownership, or Buyout Agreement. (if available)
- If the applicant entity is unincorporated, **and** you have one or more owners owning less than 8%, complete [Appendix G](#) which can be found on the contractor page of DOPL's website under "additional forms". Submit an additional \$20 registration fee for each owner owning less than 8% (in addition to the fees above).
- If the applicant entity is unincorporated and owned in whole or in part by an individual or multiple individuals, you must complete the Ownership and Control section (page 6) for EACH individual holding ownership and/or control, including all: governors, officers, directors, managers, members, partners, and sole proprietors.
- If the applicant entity is owned in whole or in part by a trust, submit a copy of the trust agreement.
- If the applicant entity is owned by a parent company, provide documentation showing the ownership, including a diagram, if ownership is layered.
- Supporting documentation for the Employee selection (page 4).
- General Liability Insurance Certificate (page 4).

Submit completed application to the Division:

By US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111

If you have questions, please contact the Division at 801-530-6628 or by email at B4@utah.gov.