

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR CONTRACTOR'S LICENSE**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate efficient application processing, **please submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Please go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

**Send Complete Application and Fees to one of the following:**

|                                  |   |
|----------------------------------|---|
| <b>By U.S. Mail</b>              | Division of Occupational & Professional Licensing<br>P.O. Box 146741<br>Salt Lake City, Utah 84114-6741 |
| <b>In Person or Express Mail</b> | 160 East 300 South,<br>1st Floor,<br>Salt Lake City, Utah 84111   |

**For Questions or Other Information by Telephone:**

(801) 530-6628      Toll-free: (866) 275-3675 (*Utah only*)

**Applicable Laws:** We have summarized the requirements for licensure for most applicants in this application form. Please note, however, that the Utah Construction Trade Licensing Act and the Utah Construction Trade Licensing Act Rules are the controlling laws that apply. Applicants may need to refer to those laws for more specific direction. Copies of these laws are available at <http://dopl.utah.gov/licensing/contracting.html>.

**Instruction Overview:** If you have not yet passed the required exams, obtained the required experience, registered your business entity or registered with payroll taxing agencies, please refer to the **Contractor Examinations Candidate Information Bulletin** to be sure you have met the qualifications to become a contractor before completing this application form. That bulletin is available at [www.psiexams.com](http://www.psiexams.com). If you have completed all of the requirements listed above, you should have the documentation you need to apply for licensure.

This Contractor's License Application and the attached Appendix forms reference the Detailed Contractor Application Instructions where you will find additional information needed to complete the application. Points of reference to Detailed Contractor Application Instructions are indicated with a question mark symbol and a number (i.e.  $\text{?}^1$ ). The number corresponds to a number in the Detailed Application Instructions found starting on page 27. Portions of the instructions may not apply to all applicants but have been included in the information for those applicants for whom the provisions apply.

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# APPLICATION FOR CONTRACTOR'S LICENSE

(If marked with  see the numbered instruction in the Detailed Contractor Application Instructions starting on page 27.)

COMPLETELY ONLY

**APPLYING AS A SOLE PROPRIETORSHIP** - Please list your full legal name as it appears on your driver's license, Social Security Card, etc.  <sup>1</sup> &  <sup>2</sup>:

|   |                |               |
|---|----------------|---------------|
| Last Name:  | First Name:    | Middle Name:  |
| Social Security Number: - -   | Maiden Name:   |               |
| <input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID.<br>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.<br>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.   |                |               |
| Mailing Address:  |                |               |
| City:   | State:         | Zip: Phone #: |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female  | Date of Birth: | E-Mail:       |

**Business Legal Name - DBA**  <sup>2</sup>: \_\_\_\_\_  
*(most applicants use a DBA)*

Utah Division of Corporations DBA Registration Number  <sup>2</sup>: \_\_\_\_\_

Employer Identification Number (EIN)  <sup>5</sup>: \_\_\_\_\_

**APPLYING AS ANY OTHER BUSINESS ENTITY**  <sup>1</sup> &  <sup>4</sup>:

**Type of Business Entity** *(Check only one):*

C Corporation       S Corporation       General Partnership  
 Limited Partnership       Limited Liability Company  
 Other Type of Business: \_\_\_\_\_

**Business Entity's Legal Name**  <sup>4</sup>: \_\_\_\_\_

|                  |        |      |        |
|------------------|--------|------|--------|
| Mailing Address: |        |      |        |
| City:            | State: | Zip: | Phone: |
| Email:           |        |      |        |

**Utah Division of Corporations Entity Registration Number**  <sup>4</sup>: \_\_\_\_\_  
*(required for all applications other than a Sole Proprietorship)*

**DBA** *(if applicable)*  <sup>4</sup>: \_\_\_\_\_

**Utah Division of Corporations DBA Registration Number**  <sup>4</sup>: \_\_\_\_\_

**Employer Identification Number (EIN)**  <sup>5</sup>: \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY**

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

# CONTRACTOR AFFIDAVIT AND RELEASE AUTHORIZATION

This signed affidavit and release is required for the Applicant listed on Page 3.

- I certify under penalty of perjury that I am a United States citizen, a qualified alien as defined in 8 U.S.C. Sec. 1641, or I am lawfully present in the United States.
- I certify that I am qualified in all respects for the license for which I am applying in this application.
- I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing 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.

Printed Name of Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

Signature of Authorized Signer: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

| <b>TYPE OF LICENSES/REGISTRATION APPLIED FOR AND FEES DUE:</b> Check each item you are applying for and write the amount due in the Total column. This section should be completed by New Applicants, Supplemental Classification Applications or Applicants for Reinstatement of Expired Licenses ( <i>of more than two years</i> ) who have <b>not</b> engaged in Unlawful Practice while their License was expired. |                      |   |      |      |      |      |      |      |      |      |               |              |      |  |  |
|--|----------------------|---|------|------|------|------|------|------|------|------|---------------|--------------|------|--|--|
| <b>Type of License</b>   |                      |   |      |      |      |      |      |      |      |      | <b>Amount</b> | <b>Total</b> |      |  |  |
| <b>S<br/>E<br/>L<br/>E<br/>C<br/>T</b>   | <b>O<br/>N<br/>E</b> | <input type="checkbox"/> <b>Residence Lien Recovery Fund Registration</b> <span style="color: red;">◇ 7 &amp; ◇ 27</span> ( <i>Most contractors are required to register in Residence Lien Recovery Fund.</i> )   |      |      |      |      |      |      |      |      |               | \$195.00     |      |  |  |
|  |                      | <input type="checkbox"/> <b>First specialty license</b> ( <i>circled below</i> ) <span style="color: red;">◇ 19 &amp; ◇ 27</span>   |      |      |      |      |      |      |      |      |               | \$210.00     |      |  |  |
|  |                      | _____ times \$110 for each additional specialty ( <i>circle each classification below for each additional specialty</i> ) <span style="color: red;">◇ 19 &amp; ◇ 24 &amp; ◇ 27</span>   |      |      |      |      |      |      |      |      |               | \$110.00     |      |  |  |
|  |                      | B200  | R101 | R200 | I101 | I102 | I103 | I104 | I105 | S200 | S201          | S202         | S210 |  |  |
|  |                      | S211  | S212 | S213 | S214 | S215 | S216 | S217 | S220 | S221 | S222          | S230         | S231 |  |  |
|  |                      | S240  | S250 | S260 | S261 | S262 | S263 | S270 | S272 | S273 | S280          | S290         | S291 |  |  |
|  |                      | S292  | S293 | S294 | S300 | S310 | S320 | S321 | S322 | S323 | S330          | S340         | S350 |  |  |
|  |                      | S351  | S352 | S353 | S354 | S360 | S370 | S380 | S390 | S400 | S410          | S420         | S421 |  |  |
|  |                      | S430  | S440 | S441 | S450 | S460 | S470 | S480 | S490 | S491 | S500          | S510         | S600 |  |  |
|  |                      | S700  |      |      |      |      |      |      |      |      |               |              |      |  |  |
|  |                      | <input type="checkbox"/> <b>If you are <u>not</u> registering with the Residence Lien Recovery Fund</b> , circle the classification(s) which you are applying for which allow exemption from registering with the RLR. If you claim exemption from registering in RLR you may <b>not</b> apply for any classification other than those circled: <span style="color: red;">◇ 7 &amp; ◇ 24</span> |      |      |      |      |      |      |      |      |               |              |      |  |  |
|  |                      | E100  | S211 | S213 | S262 | S320 | S321 | S322 | S323 | S340 | S360          | S440         | S441 |  |  |
|  |                      | S450  | S470 | S480 | I101 | I102 | I103 | I104 | I105 |      |               |              |      |  |  |
|  |                      | <input type="checkbox"/> (E-100) General Engineering Contractor   |      |      |      |      |      |      |      |      | \$210.00      |              |      |  |  |
|  |                      | <input type="checkbox"/> (B-100) General Building Contractor  |      |      |      |      |      |      |      |      | \$210.00      |              |      |  |  |
|  |                      | <input type="checkbox"/> (R-100) Residential and Small Commercial Contractor  |      |      |      |      |      |      |      |      | \$210.00      |              |      |  |  |
| <b>TOTAL DUE:</b> <span style="color: red;">◇ 8 &amp; ◇ 9</span> <i>Enclose a check or money order for the total application fees payable to</i>   |                      |   |      |      |      |      |      |      |      |      | \$            |              |      |  |  |

**QUALIFIER INFORMATION:** You must **attach** a completed **Qualifier Application** for each qualifier in the applicable classification. There must be a Qualifier (*with applicable testing and experience*) for each License Classification applied for. See Appendix Form A - Qualifier Application Form and Instructions. <sup>19</sup> (*Attach additional sheets if needed*):

Qualifier's Name: \_\_\_\_\_ License Classifications: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ License Classifications: \_\_\_\_\_



Ensure that **Appendix Form A: Qualifier Application Form** and all of its supporting documentation for each qualifier are attached. (*Required for all qualifier applicants.*)

**BUSINESS OWNER INFORMATION: Note:** The percentages of ownership for all persons listed below must total 100%. (*Attach additional pages if necessary.*)

**Full Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Position Title: \_\_\_\_\_ % of ownership \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will this owner engage in the construction trade?  Yes  No *If "Yes" this person must complete and submit Appendix Form G: Owner-Worker Registration Form.*

**Full Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Position Title: \_\_\_\_\_ % of ownership \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will this owner engage in the construction trade?  Yes  No *If "Yes" this person must complete and submit Appendix Form G: Owner-Worker Registration Form.*

**Full Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Position Title: \_\_\_\_\_ % of ownership \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will this owner engage in the construction trade?  Yes  No *If "Yes" this person must complete and submit Appendix Form G: Owner-Worker Registration Form.*

**These questions are required for the Applicant listed on Page 3.**

**FINANCIAL RESPONSIBILITY SECTION** <sup>10</sup>: (*Answer each question.*)

| Yes                   | No                    | Question  |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Within the last 2 years, has the Applicant been delinquent in payment of a debt or obligation, including but not limited to any of the following obligations: state or federal income taxes, payroll withholding, unemployment, workers' compensation, and liability insurance premiums, debts to subcontractor, suppliers, the Residence Lien Recovery Fund, credit cards, banks, alimony, child support; or has the applicant filed bankruptcy within the last 7 years or had any judgment(s) entered against the applicant within the last 5 years?  <sup>14</sup> |



**If you answered “yes” to this question you may not qualify for licensure; or you may only qualify for a probationary license. You may wish to apply for licensure after you are able to demonstrate you are financially responsible or use one of the following alternatives.**  $\diamond^{10}$  &  $\diamond^{12}$

**Alternatives:** You may file a license bond or you must submit additional documentation to demonstrate you are now financially responsible.  $\diamond^{10}$

*If you are using one of these alternatives, answer the following:*

| Yes                   | No                    | Question  |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1a. Have you attached a license bond form? $\diamond^{10}$  |
| <input type="radio"/> | <input type="radio"/> | 1b. Have you enclosed copies of any judgments or tax liens that have been entered against you or the owner and evidence that the obligation has now been paid? (Required if you or the owners have had judgments or tax liens entered against you or the owners within the last 5 years.) $\diamond^{10}$ & $\diamond^{11}$ & $\diamond^{12}$ |
| <input type="radio"/> | <input type="radio"/> | 1c. Have you enclosed a copy of credit reports of the Applicant and its owners? (Required for most applicants who have disclosed financial problems unless delinquencies are minor.)  |
| <input type="radio"/> | <input type="radio"/> | 1d. Have you enclosed a copy of the bankruptcy schedules of the Applicant and its owners? (Required if the Applicant or owners have filed bankruptcy within the last 7 years.) $\diamond^{10}$ & $\diamond^{12}$  |
| <input type="radio"/> | <input type="radio"/> | 1e. Have you enclosed a current financial statement of the Applicant? (Required for most applicants who have disclosed financial problems unless delinquencies are minor.) $\diamond^{10}$ & $\diamond^{11}$ & $\diamond^{12}$  |
| <input type="radio"/> | <input type="radio"/> | 1f. Have you enclosed a written explanation of your financial history, including an explanation of what you have done to resolve the financial problems and why you do not believe they will reoccur? $\diamond^{10}$ & $\diamond^{11}$ & $\diamond^{12}$   |
| <input type="radio"/> | <input type="radio"/> | 1g. Have you enclosed other types of documentation?   |

2. Does the current value of all real and personal property you own exceed the total liabilities you owe?  $\diamond^{10}$  Liabilities include any obligation owed to any party including any of the obligations listed in question 1 above.



**If you answered “No” to this question you may not, by your own financial strength, qualify for licensure. You may wish to apply for licensure after you have resolved your financial issues or use the following alternatives.**  $\diamond^{10}$  &  $\diamond^{11}$

**Alternatives:** The Applicant may file a license bond.  $\diamond^{10}$

*If the Applicant is using one of these alternatives, answer the following:*

| Yes                   | No                    | Question   |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 2a. Have you attached Appendix Form D: Contractor’s License Bond? $\diamond^{10}$  |
| <input type="radio"/> | <input type="radio"/> | 2b. Have you enclosed a current financial statement of the Applicant?  |
| <input type="radio"/> | <input type="radio"/> | 2c. Have you enclosed a written explanation of your financial history, including an explanation of how you will be able to pay your obligations as they become due and what you have done to resolve the financial problems? If you answered “Yes”, please submit a credit report. |

3. Is the Applicant a business entity that was established less than 5 years before the date of this application?  $\diamond^{13}$

*If you answered “Yes”, please answer the following questions for all owners and qualifiers(s) of the business entity, and for any business entity in which the owners or qualifiers have been an owner or*

|                       |                       |   |   |
|-----------------------|-----------------------|---|---|
|                       |                       |   | <i>qualifier within the past 5 years.</i> |
| <b>Yes</b>            | <b>No</b>             | <b>Question</b>   |   |
| <input type="radio"/> | <input type="radio"/> | 3a Have you within the last 2 years been delinquent in payment of any obligation including any obligation listed in question 1 above; or have you filed bankruptcy within the last 7 years; or have you had a judgment(s) entered against you within the last 5 years?  <sup>10</sup> &  <sup>12</sup>  |   |
| <input type="radio"/> | <input type="radio"/> | 3b. Does the current value of all real and personal property you own exceed the total liabilities you owe?  <sup>10</sup> <i>Liabilities include any obligation owed to any party including any of the obligations listed in question 1 above</i>  |   |
| <input type="radio"/> | <input type="radio"/> | 3c. What is the largest amount of the delinquent payments owed at any one time?<br>(Please add the amounts of all delinquent payments that were not paid on a timely basis.)<br>\$ _____<br> <b>If you answered “no” to question 3b, or “yes” to question 1c, you may not qualify for licensure or may only qualify for a probationary license. You may wish to apply for licensure after you have resolved your financial difficulties; or you may submit the additional documentation requested in questions 1b, 1c, 1d, 1e, 1f and 1g to demonstrate your financial responsibility.</b>  <sup>10</sup> &  <sup>12</sup> |   |

|                          |   |
|--------------------------|---|
| <b>Yes</b>               | <b>Required Liability Insurance Information Checklist:</b>  <sup>15</sup> (Required for all applicants.) |
| <input type="checkbox"/> | Enclose your Liability Insurance Certificate.   |
| <input type="checkbox"/> | Verify that the Name of the Insured on the Certificate is the Applicant as shown on page 3.   |
| <input type="checkbox"/> | Verify that the liability coverage has the minimum required coverage of \$100,000 for each incident and \$300,000 in total.   |
| <input type="checkbox"/> | Verify that DOPL is named as the Certificate Holder with the correct address.   |

|   |  |
|---|--|
| <b>Payroll Information Alternatives:</b> (You must do one of these three (3) alternatives)  |  |
| <b>S<br/>E<br/>L<br/>E<br/>C<br/>T<br/><br/>O<br/>N<br/>L<br/>Y<br/><br/>O<br/>N<br/>E</b>  | <b>Enclosed</b> <b>Payroll Alternative #1 Checklist:</b>   |
|   | <input type="checkbox"/> Enclose a copy of your Workers Compensation Certificate (Note: Applicants using Professional Employees Organization (PEO) must still file this certificate.)  <sup>16A</sup>                                 |
|   | <input type="checkbox"/> Provide the Utah Department of Workforce Services Unemployment Registration Number _____ (Required of all applicants unless applicant files a copy of the contract with the registered PEO.)  <sup>16A</sup> |
|   | <input type="checkbox"/> Provide the Utah State Tax Commission Withholding Identification Number _____ (Required of all applicants, unless applicant files a copy of the Contract with the registered PEO.)  <sup>16A</sup>         |
|   | <b>Enclosed</b> <b>Payroll Alternative #2 Checklist:</b>   |
|   | <input type="checkbox"/> Enclose a copy of your Workers Compensation Certificate. (Note: Applicants using PEO must still file this certificate.)  <sup>16B</sup>  |
|   | <input type="checkbox"/> Enclose a copy of signed contract with the registered PEO. (Required for applicants using PEO.)  <sup>16B</sup>  |
|   | <input type="checkbox"/> If you have owner-workers with less than 8% ownership who are actively engaged in construction activities on behalf of your company, enclose proof of workers' compensation insurance and unemployment insurance for each owner-worker.   |
|   | <b>Enclosed</b> <b>Payroll Alternative #3 Checklist:</b>   |
| <input type="checkbox"/> Acknowledge that the Applicant does not now hire employees and does not intend to hire employees and does not have or intend to have owner-workers holding less than 8% ownership who will actively engage in construction activities on behalf of your company. (Applicable only if applicant claims exemption from payroll taxes and workers compensation insurance.)  <sup>16C</sup> |  |

# CONTRACTOR QUALIFYING QUESTIONNAIRE

These questions are **required** for the Applicant listed on Page 3 and the applicant's owners listed on page 5.

| Yes                   | No                    | <b>Question - Answer "Yes" or "No" to each question.</b> <sup>17</sup>   |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?  |
| <input type="radio"/> | <input type="radio"/> | 2. Have you ever applied for or become registered with the Residence Lien Recovery Fund under any name other than the name listed on this application?   |
| <input type="radio"/> | <input type="radio"/> | 3. Have you ever been denied the right to sit for a licensure examination?   |
| <input type="radio"/> | <input type="radio"/> | 4. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?   |
| <input type="radio"/> | <input type="radio"/> | 5. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?   |
| <input type="radio"/> | <input type="radio"/> | 6. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or government agency?   |
| <input type="radio"/> | <input type="radio"/> | 7. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?   |
| <input type="radio"/> | <input type="radio"/> | 8. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?   |
| <input type="radio"/> | <input type="radio"/> | 9. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?  |
| <input type="radio"/> | <input type="radio"/> | 10. Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?  |
| <input type="radio"/> | <input type="radio"/> | 11. Have you ever been terminated from a position because of drug use or abuse?  |
| <input type="radio"/> | <input type="radio"/> | 12. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?   |
| <input type="radio"/> | <input type="radio"/> | 13. Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated? |
| <input type="radio"/> | <input type="radio"/> | 14. Do you currently have any criminal action pending?   |
| <input type="radio"/> | <input type="radio"/> | 15. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations need not be listed.   |
| <input type="radio"/> | <input type="radio"/> | 16. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?  |
| <input type="radio"/> | <input type="radio"/> | 17. Have you, in the past ten (10) years, been allowed to plead guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea in abeyance or deferred sentence</i> )?  |
| <input type="radio"/> | <input type="radio"/> | 18. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?   |
| <input type="radio"/> | <input type="radio"/> | 19. Have you read and do you understand all statutes and rules pertaining to the practice as a contractor in the state of Utah and do you agree to comply with such?   |



If you answered "Yes" to questions 1 thru 5 above, provide a full explanation including the state in which licensed, name on license, type of license, license number and current license status. <sup>17</sup>



If you answered “Yes” to questions 14, 15, 16, 17, or 18 above, you must submit a **complete narrative** of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s). Additional information may also be considered.  <sup>18</sup>

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.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



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If you answered “Yes” to questions 1 through 18, enclose complete information explaining all circumstances and the final outcome, if it has been reached. A “Yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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*(For Two-Sided Printing)*

# APPENDIX FORM A: QUALIFIER APPLICATION FORM

**This form is required for each qualifier applicant.**

Utah Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## APPLICATION FOR QUALIFIER <sup>19</sup>

*(The individual who demonstrates competence for the contractor or instruction trades facility license.)*

Qualifier's Legal Name: \_\_\_\_\_

Social Security Number <sup>3</sup>: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License State: \_\_\_\_ Number: \_\_\_\_\_

OR  I do not have a driver's license. I certify that I am legally present in the United States, and I understand that the Department of Commerce will verify my legal presence in order to process my application.

Address <sup>6</sup>: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

### APPLICATION AS QUALIFIER FOR: *(Select only one.)*

New Contractor Application or Reinstatement Application *(Fees included on Application for Contractor's License.)*

Addition of additional *(Supplemental <sup>27</sup>)* Classification to an existing Contractor Licensee

*(See <sup>27</sup> to determine fees due \$\_\_\_\_.)*

Contractor Name: \_\_\_\_\_ License #: \_\_\_\_\_

Addition of Qualifier for existing Contractor Licensee *(Same Classification Fee - \$50.00) :*

Contractor Name: \_\_\_\_\_ License #: \_\_\_\_\_

Replacement of Qualifier for existing Contractor Licensee *(Same Classification Fee - \$50.00):*

Contractor Name: \_\_\_\_\_ License #: \_\_\_\_\_

Qualifier Being Replaced: \_\_\_\_\_

Notice of Disassociation or Qualifier Resignation form enclosed.

### ASSOCIATION WITH CONTRACTOR: *(Check all that apply.)*

Owner of at least 20%       W-2 Employee in Management Position

## QUALIFIER AFFIDAVIT AND RELEASE AUTHORIZATION

This affidavit is required **for each** Qualifier Applicant. *(Copy as necessary.)*

I hereby verify under penalties of perjury that to the best of my knowledge, the information submitted on this application and any supporting documentation provided is accurate and complete and discloses all material facts; and that I hereby authorize the Division to contact any person or entity to verify my qualifications.

Printed Name of Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**UTAH CONTRACTOR BUSINESS and LAW EXAMINATION**  <sup>21</sup>

Required for **all** Qualifier Applicants. (Choose one only.)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Enclose the letter from the testing agency verifying the passing scores for this examination.   |
| <input type="checkbox"/> | Furnished verification of passing this examination when I became the Qualifier on Utah Contractor License Number _____.  <sup>25</sup> |

**TRADE EXAMINATIONS or NO TRADE EXAMINATION REQUIRED; LICENSE REQUIRED or CERTIFICATION REQUIRED**  <sup>19</sup>,  <sup>21</sup> &  <sup>24</sup>: Many classifications require the qualifier to pass a trade specific examination. Check one or more of the following four alternatives for the trade classifications applied for and circle the appropriate classifications.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Applying for one of the following classifications for which <b>no trade examination</b> is required. Circle the classification applied for:<br>S211 S214 S221 S231 S261 S262 S263 S272 S273 S291 S292 S294 S322<br>S323 S352 S400 S420 S421 S430 S441 S460 S470 S480 S491 S500 S700  |
| <input type="checkbox"/> | Applying for one or more of the following classifications for which the Qualifier <b>must have</b> a plumber's or electrician's license.<br><input type="checkbox"/> S200 requires Utah Master Electrician, license # _____<br><input type="checkbox"/> S201 requires Utah Residential Master Electrician, license # _____<br><input type="checkbox"/> S210 requires Utah Master Plumber, license # _____<br><input type="checkbox"/> S217 requires Utah Residential Master Plumber, license # _____<br><input type="checkbox"/> S510 requires Utah Elevator Mechanic License # _____<br><input type="checkbox"/> I103 requires Utah Master or Journeyman Electrician; or Residential Master or Journeyman Electrician, license # _____<br><input type="checkbox"/> I104 requires Utah Journeyman Plumber or Residential Journeyman Plumber, license # _____ |
| <input type="checkbox"/> | Applying for the S202 with North American Board of Certified Energy Practitioner certificate, # _____  |
| <input type="checkbox"/> | Applying for the S354 with National Radon Proficiency Program (NRPP) or National Environmental Health Association (NEHA) certificate, # _____  |
| <input type="checkbox"/> | Applying for the following classifications for which a <b>trade examination is required</b> . Circle classifications being applied for and complete the highlighted block below for each: (Note: for the I101 license you must complete the E100 exam, for the I102 you must complete the B100 or the R100 exam and for the I105 you must complete the S350 exam. Contact DOPL for addition information.)<br>E100 B100 B200 R100 R101 R200 I101 I102 I105 S212 S213 S215 S216<br>S220 S222 S230 S240 S250 S260 S270 S280 S290 S293 S300 S310 S320<br>S321 S330 S340 S350 S351 S353 S360 S370 S380 S390 S410 S440 S450<br>S490 S600   |

**Classification** \_\_\_\_\_ (Do one of the following.)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Enclose the letter from the testing agency verifying the passing scores for this examination.   |
| <input type="checkbox"/> | Have previously furnished verification of passing this examination when I became the Qualifier on Utah contractor license # _____  <sup>25</sup>   |
| <input type="checkbox"/> | Have taken an acceptable comparable examination in a reciprocity state and enclosed a completed Appendix Form C: Request for Verification of License from Reciprocity States for each classification applied for. If you have checked this box, provide the following information for each classification  <sup>22</sup> (Attach additional pages if needed.):<br>Utah License Classification _____; Reciprocity State _____<br>Reciprocity Classification _____, License Number _____ |

|  |   |
|--|---|
| <b>Classification</b> _____ (Do one of the following.) |   |
| <input type="checkbox"/>                               | Enclose the letter from the testing agency verifying the passing scores for this examination.   |
| <input type="checkbox"/>                               | Have previously furnished verification of passing this examination when I became the Qualifier on Utah contractor license # _____  25  |
| <input type="checkbox"/>                               | Have taken an acceptable comparable examination in a reciprocity state and enclosed a completed Appendix Form C: Request for Verification of License from Reciprocity States for each classification applied for. If you have checked this box, provide the following information for each classification.  22 (Attach additional pages if needed.):<br>Utah License Classification _____; Reciprocity State _____<br>Reciprocity Classification _____, License Number _____ |

|  |   |
|--|---|
| <b>Classification</b> _____ (Do one of the following.) |   |
| <input type="checkbox"/>                               | Enclose the letter from the testing agency verifying the passing scores for this examination.   |
| <input type="checkbox"/>                               | Have previously furnished verification of passing this examination when I became the Qualifier on Utah contractor license # _____  25  |
| <input type="checkbox"/>                               | Have taken an acceptable comparable examination in a reciprocity state and enclosed a completed Appendix Form C: Request for Verification of License from Reciprocity States for each classification applied for. If you have checked this box, provide the following information for each classification.  22 (Attach additional pages if needed.):<br>Utah License Classification _____; Reciprocity State _____<br>Reciprocity Classification _____, License Number _____ |

**EXPERIENCE or LICENSE VERIFICATION:** Complete one or more of the following alternatives for the classifications applied for.  20 &  24

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Applying for one or more of the following classifications for which the Qualifier must have a Utah Plumber's or Electrician's license and <b>no additional experience</b> is required. Identify the classification applied for by entering the license number.<br>S200 requires Utah Master Electrician, license # _____<br>S201 requires Utah Residential Master Electrician, license # _____<br>S210 requires Utah Master Plumber, license # _____<br>S217 requires Utah Residential Master plumber, license # _____<br>I103 requires Utah Master or Journeyman Electrician; or Residential Master or Journeyman Electrician, license # _____<br>I104 requires Utah Journeyman Plumber or Residential Journeyman Plumber, license # _____ |
| <input type="checkbox"/> | Applying for the S202 requires North American Board of Certified Energy Practitioner certificate, # _____   |
| <input type="checkbox"/> | Applying for the S354 with National Radon Proficiency Program (NRPP) or National Environmental Health Association (NEHA) certificate, # _____   |
| <input type="checkbox"/> | Applying for one or more of the following classifications for which <b>two (2) years experience</b> is required. (Circle the desired classification.)<br>B200 R101 R200 S211 S212 S213 S214 S215 S216 S220 S221 S222 S230<br>S231 S240 S250 S260 S261 S262 S263 S270 S272 S273 S280 S290 S291<br>S292 S293 S294 S300 S310 S320 S321 S322 S323 S330 S340 S350 S351<br>S352 S353 S354 S360 S370 S380 S390 S400 S410 S420 S421 S430 S440<br>S441 S450 S460 S470 S480 S490 S491 S500 S600 I105  |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Applying for one of the following classifications for which <b>two (2) years experience</b> is required, which must be supervisory. <i>(Circle the desired classification.)</i><br>E100    B100    R100    I101    I102 |
|--------------------------|---|

|  |  |
|--|--|
| Classification _____ <i>(Do one of the following.)</i> |  |
| <input type="checkbox"/>                               | Verify the experience required by submitting completed <b>Appendix Form B</b> for the number of years required by submitting :<br><input type="checkbox"/> W-2 form from a licensed contractor for the number of years required is attached, or:<br><input type="checkbox"/> Tax returns showing ownership distribution from a licensed contractor for the number of years required is attached, <b>and</b> W-2 or tax returns demonstrating that the qualifier was appropriately employed when the experience earned is attached. |
| <input type="checkbox"/>                               | Have previously furnished verification of completing the experience when I became the Qualifier on Utah contractor license # _____ <span style="color: red;">? 25</span>   |
| <input type="checkbox"/>                               | Verify the experience required by submitting completed <b>Appendix Form C</b> indicating having been licensed in an acceptable Reciprocity Classification for the number of years required. <span style="color: red;">? 22</span>  |

|  |  |
|--|--|
| Classification _____ <i>(Do one of the following.)</i> |  |
| <input type="checkbox"/>                               | Verify the experience required by submitting completed <b>Appendix Form B</b> for the number of years required by submitting :<br><input type="checkbox"/> W-2 form from a licensed contractor for the number of years required is attached, or:<br><input type="checkbox"/> Tax returns showing ownership distribution from a licensed contractor for the number of years required is attached, <b>and</b> W-2 or tax returns demonstrating that the qualifier was appropriately employed when the experience earned is attached. |
| <input type="checkbox"/>                               | Have previously furnished verification of completing the experience when I became the Qualifier on Utah contractor license # _____ <span style="color: red;">? 25</span>   |
| <input type="checkbox"/>                               | Verify the experience required by submitting completed <b>Appendix Form C</b> indicating having been licensed in an acceptable Reciprocity Classification for the number of years required. <span style="color: red;">? 22</span>  |

|  |  |
|--|--|
| Classification _____ <i>(Do one of the following.)</i> |  |
| <input type="checkbox"/>                               | Verify the experience required by submitting completed <b>Appendix Form B</b> for the number of years required by submitting :<br><input type="checkbox"/> W-2 form from a licensed contractor for the number of years required is attached, or:<br><input type="checkbox"/> Tax returns showing ownership distribution from a licensed contractor for the number of years required is attached, <b>and</b> W-2 or tax returns demonstrating that the qualifier was appropriately employed when the experience earned is attached. |
| <input type="checkbox"/>                               | Have previously furnished verification of completing the experience when I became the Qualifier on Utah contractor license # _____ <span style="color: red;">? 25</span>   |
| <input type="checkbox"/>                               | Verify the experience required by submitting completed <b>Appendix Form C</b> indicating having been licensed in an acceptable Reciprocity Classification for the number of years required. <span style="color: red;">? 22</span>  |

# QUALIFIER QUALIFYING QUESTIONNAIRE

**These questions are required for each Qualifier Applicant.** <sup>◆17</sup>

Answer each question on behalf of the qualifier applicant and for any company in which the qualifier applicant has been a qualifier or owner during the past five years including any officer, director, partner, proprietor, shareholder (*unless publicly traded*), member, owner, qualifying managing employee, or manager associated with those companies.

| Yes                   | No                    | Question   |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?  |
| <input type="radio"/> | <input type="radio"/> | 2. Have you ever applied for or become registered with the Residence Lien Recovery Fund under any name other than the name listed on this application?   |
| <input type="radio"/> | <input type="radio"/> | 3. Have you ever been denied the right to sit for a licensure examination?   |
| <input type="radio"/> | <input type="radio"/> | 4. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?   |
| <input type="radio"/> | <input type="radio"/> | 5. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?   |
| <input type="radio"/> | <input type="radio"/> | 6. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or government agency?   |
| <input type="radio"/> | <input type="radio"/> | 7. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?   |
| <input type="radio"/> | <input type="radio"/> | 8. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?   |
| <input type="radio"/> | <input type="radio"/> | 9. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?  |
| <input type="radio"/> | <input type="radio"/> | 10. Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?  |
| <input type="radio"/> | <input type="radio"/> | 11. Have you ever been terminated from a position because of drug use or abuse?  |
| <input type="radio"/> | <input type="radio"/> | 12. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?   |
| <input type="radio"/> | <input type="radio"/> | 13. Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?   |
| <input type="radio"/> | <input type="radio"/> | 14. Do you currently have any criminal action pending?   |
| <input type="radio"/> | <input type="radio"/> | 15. Have you pled guilty to, no contest to, entered a plea in abeyance, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.  |
| <input type="radio"/> | <input type="radio"/> | 16. Have you ever pled guilty to; no contest to; or been convicted of a felony in any jurisdiction?  |
| <input type="radio"/> | <input type="radio"/> | 17. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea in abeyance or deferred sentence</i> )?   |
| <input type="radio"/> | <input type="radio"/> | 18. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?   |
| <input type="radio"/> | <input type="radio"/> | 19. In the past 5 years has any company in which you have been an owner, been delinquent in payment of any obligation, including but not limited to any of the following: state or federal income taxes, payroll withholding, unemployment, workers' compensation, and liability insurance premiums, debts to subcontractor, suppliers, the Residence Lien Recovery Fund, credit cards, banks, alimony, child support; or have you filed bankruptcy within the last 7 years; or have you had a judgment(s) entered against you within the last 5 years. <sup>◆10 &amp; ◆12</sup> |
| <input type="radio"/> | <input type="radio"/> | 20. Have you read and do you understand all statutes and rules pertaining to the practice as a contractor in the state of Utah and do you agree to comply with such?   |

*(Continued on the next page)*



If you answered “Yes” to questions 1 thru 5 above, provide a full explanation including the state in which licensed, name on license, type of license, license number and current license status.  <sup>17</sup>



If you answered “Yes” to questions 14, 15, 16, 17, or 18 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s). Additional information may also be considered.  <sup>18</sup>

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.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “Yes” to question #19, provide a full written explanation, bankruptcy schedules, a financial statement and current tax return. You will be required to provide a credit report that has been obtained within the past 30 days.

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If you answered “Yes” to questions 1 through 19, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A “Yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

# APPENDIX FORM B: AFFIDAVIT OF QUALIFYING EXPERIENCE

This form is required for every qualifier unless currently licensed, certificate holder or a current qualifier on another contractor's license.  20

Utah Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## PART I: TO BE COMPLETED BY THE EMPLOYEE (QUALIFIER) VERIFYING THE EXPERIENCE WITHIN THE PAST 10 YEARS: (Use a separate form for each employer. Make copies of this form as necessary.)

Name of Employee (Qualifier Applicant): \_\_\_\_\_

Date Employment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Employment Ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Hours Worked: \_\_\_\_\_ Hourly Rate or Salary: \_\_\_\_\_

Total Hours of Supervisory Experience included as part of Total Hours: \_\_\_\_\_  
(Breakout of Supervisory hours is needed only if you are applying for an E100, B100, R100, I101 or I102)

Position(s) Held: \_\_\_\_\_

**Summary and Description:** Applicant should make explicit statements, listing construction work performed, listing and defining projects for which the applicant had full or partial responsibility, and including statements of the extent and complexity of work performed. If the application is claiming supervisor experience for E100, B100, R100, I101 or I102 classifications the applicant should separately state the supervisory work from the non-supervisory work.

Name of Contractor/Employer: \_\_\_\_\_

License Number: \_\_\_\_\_ Contractor's Telephone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### I declare under penalty of perjury as follows:

I am the person (Qualifier Applicant) who engaged in construction activities in the classification specified above.

I understand that "Qualifying Experience" means related work performed in lawful employment as an employee of a contractor lawfully engaged in construction activities in the classification for which the Applicant has applied and for which the Applicant received W-2 wages, or in which the Applicant has received ownership distribution from a licensed contractor. This contractor must have appropriately employed a qualifier while gaining the reported experience. I am in compliance and acknowledge the experience is equal to 2 or 4 years (depending on applicable classification), of full time paid employment or equivalent part time hours over a longer period of time. I understand that the experience of persons working for a Utah contractor as an independent contractor paid on a 1099 form is not acceptable. If you are an owner and qualifier replacement applicant, you must submit W-2 or K-1 forms for your current qualifier. (Licensing requirements in other states may vary. If your experience is not completed in Utah, you must submit comparable documentation to the above.)

Printed Name of Qualifier: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Continued on the next page.)

**PART II: TO BE COMPLETED BY THE SUPERVISOR OF THE QUALIFIER WHO WAS EMPLOYED BY A LICENSED CONTRACTOR WHO IS VERIFYING THE QUALIFIER'S EXPERIENCE.**

Name of Employee (*Qualifier Applicant*): \_\_\_\_\_

Please review the description of the Applicant's duties as provided by the Applicant. Complete the information requested in Part II and return the completed form to the Applicant for submission with the license application.

1. Is the Applicant's description of their experience correct?  Yes  No

2. Would you recommend the Applicant be licensed as a contractor?  Yes  No  
If "No", please explain. Attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

3. Did you supervise the Applicant?  Yes  No  
If "No", please explain:

\_\_\_\_\_

\_\_\_\_\_

4. If you did not supervise the Applicant, what is the basis of your knowledge of the Applicant's knowledge, ability, and competence to practice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verifying Licensed Contractor's Name: \_\_\_\_\_

Verifying Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Verifying Contractor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contractor License Number: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I declare under penalty of perjury as follows:**

I certify that the information contained in this document is true, complete, and accurate. I further certify that I understand that to falsify or withhold information may be unprofessional conduct that will subject my license to disciplinary action.

Signature of Licensed Contractor's  
Supervisor Verifying the Information: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

# APPENDIX FORM C: REQUEST FOR VERIFICATION OF LICENSE FROM RECIPROCITY STATES <sup>22</sup>

*(This form may be used as an alternative means of verifying examinations and experience.)*

Utah Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from Arizona, California, Louisiana, Nevada, or South Carolina ONLY.)*

### TO BE COMPLETED BY APPLICANT'S QUALIFYING INDIVIDUAL:

If the qualifier has passed certain trade examinations for license classifications in reciprocity states (*Arizona, California, Louisiana, Nevada, or South Carolina*), the examinations passed for licenses will be accepted as meeting Utah's Trade examinations. See the Contractor Examinations Candidate Information Booklet for the list of the states and their license classifications that may be reciprocated.

If this completed form shows the qualifier has held the license for the number of years required to meet Utah's experience requirements, then this form will be acceptable proof of experience. Complete the first section of this form, submit it to the applicable state, and request that the state include the examination information on this form and return it to you for submission with your application.

Name of Applicant's Qualifier: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My social security number is: \_\_\_\_\_

My date of birth is: \_\_\_\_/\_\_\_\_/\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

Signature of Applicant's Qualifier: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, place the completed form in a sealed envelope, and provide it to the qualifier in person or by mail. The qualifier will include the verification of licensure with the qualifier's Utah application.

Name of Verifying State: \_\_\_\_\_

Name of Licensee *(as it appears in verifying state's records)*: \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of Contractor License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Endorsement: from what state? \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Experience Required for Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and Title *(please print)*: \_\_\_\_\_

(SEAL) Agency: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**APPENDIX FORM D: CONTRACTOR'S LICENSE BOND** <sup>10a</sup>

*(This form may be used as an alternative means of demonstrating financial responsibility) (This form is public information)*

Division of Occupational and Professional Licensing  
160 East 300 South, PO Box 146741  
Salt Lake City, Utah 84114-6741

Bond Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTRACTOR'S LICENSE BOND**

KNOW ALL PERSONS BY THESE PRESENTS:

That we, \_\_\_\_\_, contractor and including its owners \_\_\_\_\_ of

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_, (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ as

Principal, and \_\_\_\_\_, a Surety Company qualified and authorized to do business in the State of Utah, as Surety, are jointly and severally held and firmly bound to the people of the State of Utah to indemnify persons, firms, and corporations for losses which may occur by reason of violation of the conditions hereinafter contained, in the total aggregate sum of Fifty Thousand and NO/100 Dollars (\$50,000.00) as required by Utah Code Ann. 58-55-306(1)(b) or 58-55-306(4)(c)(ii), in lawful money of the United States for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly, severally and firmly by these presents. The total aggregate liability of this bond to all persons making claims shall not exceed the penal sum stated herein.

THE CONDITION OF THIS OBLIGATION IS SUCH, That:

WHEREAS, the above bounden Principal has applied for licensure as a contractor within the State of Utah, and pursuant to the application, licensure has been or is about to be granted.

NOW THEREFORE, if the above bounden Principal shall obtain said licensure to do business as a contractor under the provisions of THE UTAH CONTRUCTIONS TRADES LICENSING ACT providing for the regulation and control of the business of contracting, as provided by Utah Code Ann. Title 58, Chapter 55, the above bounden Principal and Surety shall indemnify persons, firms and corporations for losses which may occur as the result of the above bounden Principal's violation of any of the unlawful or unprofessional conduct provisions of Utah Code Ann. Title 58, Chapters 1 and 55, including failure of the licensee to pay its obligations or failure of the licensees owners to pay income taxes and self employment taxes on payments from the licensee to the owner, or any law respecting commerce in contracting promulgated by a licensing or regulating authority so that the total aggregate liability on the bond to all persons making claims may the aggregate sum specified herein on account of any violation or violations of said laws or rules during the time of said licensure and all lawful renewals. Said bounden Principal shall also pay reasonable attorney's fees in cases successfully prosecuted or settled against the Principal or Surety if the bond has not been depleted.

The Surety herein reserves the right to withdraw as such surety except as to any liability already incurred or accrued hereunder and may do so upon giving written notice of such withdrawal to the Principal and to the Division of Occupational and Professional Licensing, provided, however, that no withdrawal shall be effective for any purpose until sixty (60) days shall have elapsed from and after the receipt of such notice by the said Division, and further provided that no withdrawal shall in anywise affect the liability of said Surety arising out of any violation or violations of said laws or rules by the Principal hereunder prior to the expiration of such period of sixty (60) days, regardless of whether or not the loss suffered has been reduced to judgment before the lapse of sixty (60) days.

Signed and sealed this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Principal) \_\_\_\_\_ (Surety)

\_\_\_\_\_  
(Attorney-in-Fact)

*(Bonding Company must be listed in the Department of Treasury, Fiscal Service, Circular 570, current revision, entitled "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies.")*

# APPENDIX FORM E: CREDIT REPORT AUTHORIZATION

**Contractors and their owners may be required to submit credit reports with their initial application for licensure, or their renewal of licensure.**

Pursuant to Utah Administrative Code R156-55a-306(1) credit reports must be from all three bureaus, Experian, Trans Union, and Equifax or merged into one complete credit report. For individuals, a NACM credit report provides the merged reports required. Visa, MasterCard, and American Express cash, check, or money order accepted.

You can submit this form directly to DOPL with credit card authorization for payment, or pay at NACM and attach a receipt to this form before sending it to the Division of Occupational & Professional Licensing. For security and confidentiality purposes, the report(s) will print directly to the state offices.

Or, you can obtain the required credit reports and submit them to DOPL on your own. Credit reports for contractor licensing can be obtained through:

**NACM Business Credit Services**  
 PO Box 460  
 Midvale, UT 84047-0460  
 7410 S Creek Road, Ste. 301, Sandy, Utah 84093  
 Telephone: (801) 487-8786, 800-977-6226, FAX (801) 484-1891 [www.nacmint.com](http://www.nacmint.com)

### PERSONAL CREDIT REPORT REQUESTED

|   |                             |             |                                    |                          |                   |
|---|-----------------------------|-------------|------------------------------------|--------------------------|-------------------|
| Last Name:  |                             | First Name: |                                    | Middle Name:             |                   |
| Date of Birth:  | Social Security Number: - - |             | If Joint, Spouse Name:             |                          |                   |
| Phone:  | FAX Number:                 |             | Spouse Social Security Number: - - |                          |                   |
| Address:  |                             |             | Spouse Date of Birth:              |                          |                   |
| City:   |                             |             | State:                             | Zip Code:                |                   |
| <b>TYPE OF REPORT REQUESTED:</b>  |                             |             | Cost                               | Paid                     | NACM Stamp & Date |
| <input type="checkbox"/> Individual Experian, Trans Union, Equifax Merged Credit Report   |                             |             | \$23.00                            | <input type="checkbox"/> |                   |
| <input type="checkbox"/> Colorado Applicants Must Add \$9.00 Sur-Charge For Individual  |                             |             | \$32.00                            | <input type="checkbox"/> |                   |
| <input type="checkbox"/> Joint Merged Credit Report- Husband & Wife <i>(Please include spouse name &amp; social security # above)</i> |                             |             | \$34.00                            | <input type="checkbox"/> |                   |
| <input type="checkbox"/> Colorado Applicants Must Add \$18.00 Sur-Charge For Joint  |                             |             | \$52.00                            | <input type="checkbox"/> |                   |

### BUSINESS CREDIT REPORT REQUESTED

|  |  |             |         |                          |                   |
|--|--|-------------|---------|--------------------------|-------------------|
| Company Name:  |  |             |         |                          |                   |
| Employer Identification Number (EIN)*:                   |  |             |         |                          |                   |
| Phone:   |  | FAX Number: |         |                          |                   |
| Address:   |  |             |         |                          |                   |
| City:  |  |             | State:  | Zip Code:                |                   |
| <b>TYPE OF REPORT REQUESTED:</b>                         |  |             | Cost    | Paid                     | NACM Stamp & Date |
| <input type="checkbox"/> Experian Business Credit Report |  |             | \$50.00 | <input type="checkbox"/> |                   |

### PAYMENT

|  |  |         |  |   |      |
|--|--|---------|--|---|------|
| Cash Payment Can Be Made At:   |  |         |  | NACM Business Credit Services<br>7410 S Creek Road, Ste. 301<br>Sandy, Utah 84093 |      |
| <input type="checkbox"/> VISA<br><input type="checkbox"/> Master/Card<br><input type="checkbox"/> American Express |  | Number: |  | Expiration Date:  | CID: |
| Name As It Appears On The Above Credit Card:   |  |         |  |   |      |

|                  |       |        |          |
|------------------|-------|--------|----------|
| Billing Address: | City: | State: | Zipcode: |
|------------------|-------|--------|----------|

I hereby authorize the release of all information, including credit information contained in my (our) account file to NACM Intermountain. I further authorize that a photocopy of this form may be accepted as the original.

|                        |                 |
|------------------------|-----------------|
| Applicant's Signature: | Signature Date: |
|------------------------|-----------------|

**THIS FORM MUST BE SIGNED AND DATED!**

# APPENDIX FORM F: OWNER-WORKER STATUS REPORT

(copy as necessary)

**Instructions:** Please complete the following information for all owner-workers holding less than 8% ownership and for each officer, manager or other person involved in the supervision or management of the company. We **STRONGLY ENCOURAGE** you to complete this form in Microsoft Excel format which is available on our website at [www.dopl.utah.gov](http://www.dopl.utah.gov)  
**\$20.00 Registration Fee required for each owner-worker.** (Unless the owner was previously registered with the Division).

|               |                 |
|---------------|-----------------|
| Company Name: | License Number: |
|---------------|-----------------|

|  |   |   |                          |              |
|--|---|---|--------------------------|--------------|
| Last Name:   |   | First Name:   |                          | Middle Name: |
| Date of Birth:   | Social Security Number:    -    -                 |   | Position Title:          |              |
| Address:   |   |   | Percentage of Ownership: |              |
| City:  |   |   | State:                   | Zip Code:    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? |   |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner?                              | If "Yes", provide date ownership began:                 |                          |              |
|  |   | If "No", provide DOPL Owner-Worker Registration Number: |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated?                    | Date ownership ended:                                   |                          |              |

|  |   |   |                          |              |
|--|---|---|--------------------------|--------------|
| Last Name:   |   | First Name:   |                          | Middle Name: |
| Date of Birth:   | Social Security Number:    -    -                 |   | Position Title:          |              |
| Address:   |   |   | Percentage of Ownership: |              |
| City:  |   |   | State:                   | Zip Code:    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? |   |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner?                              | If "Yes", provide date ownership began:                 |                          |              |
|  |   | If "No", provide DOPL Owner-Worker Registration Number: |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated?                    | Date ownership ended:                                   |                          |              |

|  |   |   |                          |              |
|--|---|---|--------------------------|--------------|
| Last Name:   |   | First Name:   |                          | Middle Name: |
| Date of Birth:   | Social Security Number:    -    -                 |   | Position Title:          |              |
| Address:   |   |   | Percentage of Ownership: |              |
| City:  |   |   | State:                   | Zip Code:    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? |   |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner?                              | If "Yes", provide date ownership began:                 |                          |              |
|  |   | If "No", provide DOPL Owner-Worker Registration Number: |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated?                    | Date ownership ended:                                   |                          |              |

|  |   |  |                          |              |
|--|---|--|--------------------------|--------------|
| Last Name:   |   | First Name:  |                          | Middle Name: |
| Date of Birth:   | Social Security Number:    -    -                 |  | Position Title:          |              |
| Address:   |   |  | Percentage of Ownership: |              |
| City:  |   |  | State:                   | Zip Code:    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this owner engage in the construction trade? |  |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a new owner?                              | If "Yes" provide date ownership began:                 |                          |              |
|  |   | If "No" provide DOPL Owner-Worker Registration Number: |                          |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has this ownership terminated?                    | Date ownership ended:                                  |                          |              |

I hereby certify, under penalty of perjury, that to the best of my knowledge the information submitted on this report, including any additional pages or attachments, is accurate and complete.

|            |                 |
|------------|-----------------|
| Signature: | Signature Date: |
|------------|-----------------|

# APPENDIX FORM G: OWNER-WORKER REGISTRATION FORM

**This Appendix is required for each owner-worker holding ownership in the entity.** *(copy as necessary)*  
**\$20.00 Registration Fee required for each owner-worker.** *(Unless the owner was previously registered with the Division).*

|                  |                 |
|------------------|-----------------|
| Contractor Name: | License Number: |
|------------------|-----------------|

**\*\*\*Please list your full legal name as it appears on your driver's license, Social Security Card, etc.\*\*\***

|                                     |              |              |
|-------------------------------------|--------------|--------------|
| Last Name:                          | First Name:  | Middle Name: |
| Social Security Number:     -     - | Maiden Name: |              |

I certify under penalty of perjury that: *(select only one)*

- 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: \_\_
- 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.
- 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: \_\_
- 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.
- I am a foreign national not physically present in the United States.

Mailing Address:

|  |                |          |
|--|----------------|----------|
| City:  | State:         | ZIP:     |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of Birth: | Phone #: |
| E-Mail:  |                |          |

### OWNER AFFIDAVIT AND RELEASE AUTHORIZATION

I hereby verify, under penalties of perjury, that to the best of my knowledge the information submitted on this registration and any supporting documentation provided is accurate and complete and discloses all material fact. I further hereby authorize the Division to contact any person or entity to verify my qualifications.

|                  |              |
|------------------|--------------|
| Owner Signature: | Date Signed: |
|------------------|--------------|

### FINANCIAL RESPONSIBILITY QUESTIONNAIRE

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <b>1. Have you enclosed a copy of credit reports or submitted Appendix Form E: Credit Report Authorization?</b>   |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <b>2. Within the last 2 years have you or any entity in which you are or ever have been an owner or qualifier been delinquent in payment of a debt or obligation, including but not limited to any of the following obligations: state or federal income taxes, payroll withholding, unemployment, workers' compensation, liability insurance premiums, debts to subcontractors, suppliers, the Residence Lien Recovery Fund, credit cards, banks, alimony, child support; or have you filed bankruptcy within the last 7 years; or have you had a judgment(s) entered against you within the last 5 years?</b> |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <b>3. Does the current value of all real and personal property you own exceed the total liabilities you owe?</b><br><i>(Liabilities include any obligation owed to any party including any of the obligations listed in question 1 above.)</i>  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <b>4. What is the largest amount of the delinquent payments owed at any one time?</b><br><i>(Provide the total of the amount of all delinquent payments that were not paid on a timely basis)</i>   | \$  |
|  | <b>5. If you answered "YES" to question 2, "NO" to question 3 or had delinquencies listed in question 4, you may not qualify for ownership unless you post an owner license bond. You may wish to apply for ownership after you are able to demonstrate you are financially responsible. If you believe you may still qualify for ownership, answer the following additional questions:</b>   |   |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>a. Have you attached a license bond form? (Appendix Form D: Contractor's License Bond)</b>   |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>b. Have you enclosed copies of any judgments or tax liens that have been entered against you or the entities in which you have been an owner and evidence that these obligations are now paid?</b> |

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | c. Have you enclosed a copy of your bankruptcy schedules?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Have you enclosed a current financial statement?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Have you enclosed a written explanation of your financial history, including an explanation of what you have done to resolve the financial problems and why you do not believe they will reoccur? |

**QUALIFYING QUESTIONNAIRE** (copy as necessary)

**Complete one questionnaire for each Owner-Worker.**

| Yes                      | No                       | Question - Answer "Yes" or "No" to each question.  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever applied for or become registered with the Residence Lien Recovery Fund under any name other than the name listed on this application?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been denied the right to sit for a licensure examination?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or government agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever been terminated from a position because of drug use or abuse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you currently have any criminal action pending?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations need not be listed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you, in the past ten (10) years, been allowed to plead guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea in abeyance or deferred sentence</i> )?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. In the past 5 years has any company in which you have been an owner, been delinquent in payment of any obligation, including but not limited to any of the following: state or federal income taxes, payroll withholding, unemployment, workers' compensation, and liability insurance premiums, debts to subcontractors, suppliers, the Residence Lien Recovery Fund, credit cards, banks, alimony, child support; or have you filed bankruptcy within the last 7 years; or have you had a judgment(s) entered against you within the last 5 years. <sup>10</sup> & <sup>12</sup> |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Have you read and do you understand all statutes and rules pertaining to the practice as a contractor in the state of Utah, and do you agree to comply with such?  |



If you answered "Yes" to questions 1 thru 5 above, provide a full explanation including the state in which licensed, name on license, type of license, license number and current license status.



If you answered "Yes" to questions 14, 15, 16, 17, or 18 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You

must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s). Additional information may also be considered.

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.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered "Yes" to question #19, provide a full written explanation, bankruptcy schedules, a financial statement and current tax return. You will be required to provide a credit report that has been obtained within the past 30 days.

---



If you answered "Yes" to question 1 through 19, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "Yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.



# Detailed Contractor Application Instructions



1. **Form of entity:** If you still have not decided the form of entity in which you will operate your contracting business in, additional information can be obtained in the **Contractor Examinations Candidate Information Bulletin** available at [www.dopl.utah.gov](http://www.dopl.utah.gov) or in Chapter 2 from the *Contractors Guide to Business, Law and Project Management, Utah Contractors Reference Manual, 2007 Edition* published by the National Association of State Contractors Licensing Agencies (NASCLA) that is available for purchase from PSI at [www.psiexams.com](http://www.psiexams.com) or phone (800) 733-9267. You may also wish to consult an attorney or CPA to advise you on which form of entity is best for your situation.

2. **Sole Proprietorships/DBAs:** When an applicant is a sole proprietor, the contractor license will be granted in the individual's legal name. Most sole proprietor applicants, however, choose to add a description to their legal name or choose to have a trade name for purposes of engaging in a contracting business. For example: John Doe Construction or XYZ Construction Company.

If any description is added to a person's given name or any trade name is used that is referred to as a DBA (*Doing Business As*). If a person uses a DBA, it must be registered with the Utah Division of Corporations. You may obtain forms to register a DBA at [www.corporations.utah.gov](http://www.corporations.utah.gov).

If a sole proprietor does not register a DBA, the license will be issued only in the person's given name and that will be the only name they can use in conducting their contracting business.

3. **Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. Your social security number is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Utah Code Ann. Subsection 78-32-17(3) and Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. Sec. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

4. **Business legal name – DBA – Entities:** If the applicant is any type of entity other than a sole proprietor operating only under their legal name, the applicant must be registered with the Utah Division of Corporations. The form of that registration may vary from a DBA (*Doing Business As*) registration or registration of the business entity such as: a corporation, partnership, limited liability or other type of entity. Business Entity and DBA registration forms are available at [www.corporations.utah.gov](http://www.corporations.utah.gov).

The name on the business entity registration with the Utah Division of Corporations is the business legal name of the business entity that should be listed on the contractor application and is the name that will appear on the contractor license that may be issued. In addition to the entity registration, a business entity may register one or more DBAs. For a business entity other than a sole proprietorship or partnership, the DBA will not be printed on the license.

5. **Employer Identification Number (EIN):** Any contractor who is a corporation or similar entity or who hires employees is required to obtain an Employer Identification Number from the Internal Revenue Service (IRS). This is sometimes referred to as a Federal ID Number.

Application forms to apply for an EIN are available at [www.irs.gov](http://www.irs.gov). For Sole Proprietorships who do not hire employees this is not required.

6. **Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
7. **Residence Lien Recovery Fund - \$195.00 initial assessment:** Most contractors are required to register in the Residence Lien Recovery Fund Program. Applicants in certain classifications of licensure are not required to register in the Residence Lien Recovery Fund Program but may voluntarily register with it.

**If the applicant is applying for any classification not listed below, the applicant is required to join the fund and pay the fee.**

Because all non-exempt license classifications allow the licensee to work in residential construction, all applicants for licensure in non-exempt classifications are required to join whether or not they intend to work in residential construction.

*NOTE: Although the application-processing fees are non-refundable, the \$195.00 initial assessment fee may be refunded upon request if licensure is denied. All fees required may be submitted in a single payment, made payable to "DOPL".*

Additional information about the Residence Lien Recovery Fund is available on our web site at [www.dopl.utah.gov](http://www.dopl.utah.gov)

**Residence Lien Recovery Fund Exempt Classifications include:**

|  |                                     |
|--|-------------------------------------|
| E100 General Engineering                   | S322 Metal Building Erection        |
| I101 General Engineering Trades Instructor | S323 Structural Stud Erection       |
| I102 General Building Trades Instructor    | S340 Sheet Metal                    |
| I103 General Electrical Trades Instructor  | S360 Refrigeration                  |
| I104 General Plumbing Trades Instructor    | S440 Sign Installation              |
| I105 General Mechanical Trades Instructor  | S441 Non Electrical Outdoor Ad Sign |
| S211 Boiler Installation                   | S450 Mechanical Insulation          |
| S213 Industrial Piping                     | S470 Petroleum System               |
| S262 Gunnite and Pressure Grouting         | S480 Piers and Foundations          |
| S320 Steel Erection                        | S510 Elevator Mechanic              |
| S321 Steel Reinforcing                     |                                     |

8. **Licensing Fees:** Application fees are non-refundable even if licensure is denied. The fees are required to cover the costs of processing the application. All fees required may be submitted in a single payment, made payable to "DOPL".
9. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
10. **Financial Responsibility:** Utah Code Ann. 58-55-306 requires that contractors demonstrate financial responsibility. Utah Code Ann. 58-55-102(19) defines financial responsibility. Accordingly, applicants may not qualify for licensure if they are delinquent in the payment of any obligations due at the date the application is filed.

Applicants who have a negative net equity (*current value of real and personal property minus all obligations owed*), or who are not now delinquent in the payment of obligations but who have previously had a history of delinquencies, may be denied licensure, put on probation, or granted licensure

without restrictions, depending on the severity of the financial history problems. Applicants in these circumstances must provide additional information with the application to demonstrate that they are financial responsible. The additional information may include:

- a. Copies of any judgments or tax liens that have been entered against the applicant or the owners and evidence that the obligation has now been paid.
- b. Copies of credit reports of the applicant and its owners verifying their financial history.
- c. Copies of any bankruptcy schedules of the applicant and its owners.
- d. A written explanation of the applicant and owners financial history, including an explanation of what they have done to resolve the financial problems and why the applicant does not believe the financial problems will reoccur.

See Utah Administrative Code Section R156-1-302 for information that may be considered in reviewing the financial history of an applicant. (*Failure to maintain financial responsibility is unprofessional conduct.*)

**Alternatives:** If you do not qualify for licensure by your own financial strength you may use a license bond to qualify for licensure. A license bond is an agreement by a bonding (*insurance*) company that they will pay your obligations if you fail to pay your obligations. If you have a negative equity or are now delinquent on your obligations, you may not be able to find a bonding company willing to issue a bond. The licensing bond form required is Appendix Form D.

11. **Financial responsibility details for questions 1, 3a and 3c:** Delinquent means you have not paid the obligation when due under an agreement with a creditor; or that you have not paid other obligations, such as taxes, when due as provided by law.

If you were previously delinquent but have now reached a settlement agreement with a creditor for payment of a prior delinquency with regular payments, and you have paid the payments as agreed; you would not now be considered as delinquent but would have to disclose the prior delinquency under financial responsibility question 1.

12. **Financial responsibility details for questions 1, 1b, 1d, 1e, 1f, 2, 3a, 3c and 19 on page 15:** If you have previously been delinquent in payment of your obligations, filed for bankruptcy, or had judgments entered against you, or do not have sufficient assets to satisfy your liabilities; you must provide a complete explanation of the reason(s) for the delinquency, a copy of the judgments and satisfaction of the judgments, and complete bankruptcy schedules; and explain why you do not expect the delinquency to reoccur.

Depending on the nature of your financial difficulties, you may also be required to submit other documents which may be needed to make a review of your financial history to determine if you should be denied licensure, if you should be granted a probationary license or if you should be granted an unrestricted license. The additional documents typically required include Credit Reports and Financial Statements. See Utah Administrative Code Section R156-1-302 for information that could be considered in reviewing the financial history of an applicant who has previously had financial problems. (*Failure to maintain financial responsibility is unprofessional conduct.*)

Generally, minor delinquencies, such as if you forgot to make a payment or you had a temporary health emergency, will not prevent issuance of a license. However, for severe delinquencies, a person may not qualify for licensure or may only qualify for a probationary license.

13. **Financial responsibility details for question 3:** If the applicant is a business entity that has been established for less than 5 years, the contractor applicant does not have a sufficient financial history to demonstrate financial responsibility without further information regarding the owners of the business entity.

If the owners currently have or have previously had financial difficulties, a new entity may not qualify for license.

Owners of such entities must provide the same information as is required in financial responsibility questions 1 and 2 and depending on the answer, the owners may be required to provide further financial information. See instruction numbers 10, 11 and 12 for further information.

*\*NOTE: If you have owner-workers with less than 8% ownership who are actively engaged in construction activities on behalf of your company, please see instructions ♦29 for further requirements.*

14. **Residence Lien Recovery Fund Claims.** Applicant’s qualifier or any owners who were involved with a prior contractor, that had a claim paid by the Fund are disqualified from being involved with a new contractor licensee unless the fund has been reimbursed in full for any claim paid.
15. **General Liability Insurance:** All Contractor applicants must provide a “Certificate of Insurance,” containing an active policy number, issued by the applicant’s public liability insurance carrier. The minimum required coverage is \$100,000 for each incident and \$300,000 in total.

This certificate is a separate document provided by your insurance agent. A copy of a policy and a statement of coverage are **not** acceptable, and we do not accept incomplete or inaccurate certificates.

The named insured (*on a Sole Proprietorship this should include both the legal name and the DBA if applicable*), including the type of business entity (*Inc., LLC, etc.*) and address of insured listed on the certificate, must be the name and address of the applicant. The certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

*NOTE: An active insurance policy must be maintained on all active contractor licenses, whether or not current construction activity is being performed.*

16. **Employees:** If the Contractor applicant currently has employees, or intends to hire employees in the next year, **the applicants must complete the requirements** under Alternative #A or Alternative #B below (*If the contractor does not hire employees, go to Alternative #C.*):

**Employee Alternative #A** (*Applicant hires employees*). Contractor applicants who hire employees that **do not** use a Professional Employer Organization (PEO) must provide the following documents:

- i. **Workers’ Compensation:** Provide a “Certificate of Insurance” issued by the applicant’s workers’ compensation insurance carrier. The named insured listed on the certificate must be the same as the name on this application. The certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741. **NOTE:** An active policy must be maintained on all active contractor licenses, whether or not current construction activity is being performed. For an applicant whose office is located outside of Utah, the certificate must show that the insurance covers employees working in Utah.
- ii. **Unemployment Insurance:** Provide the registration number from the Utah Department of Workforce Services. The name on the account must be the same as the applicant's name on this application. They can be contacted at **Utah Department of Workforce Services, Unemployment Insurance** 140 East 300 South, Salt Lake City, Utah 84111; (801) 526-9235 or online at [www.jobs.utah.gov/ui/](http://www.jobs.utah.gov/ui/).

- iii. Utah State Tax ID Number: Provide the tax account number printed on the payroll withholding form from the Utah State Tax Commission. The name on the account must be the same as the name on this application. They can be contacted at **Utah State Tax Commission** 210 North 1950 West, Salt Lake City, Utah 84134; (801) 297-2200 or (800) 662-4335 (*toll-free*) or online at [www.tax.utah.gov](http://www.tax.utah.gov) .

**Employee Alternative #B** (*Applicant hires employee by using a PEO*). Contractor applicants that use a registered Professional Employer Organization (PEO) must provide the following documentation:

- i. Provide a signed agreement between the applicant and the PEO.
- ii. Workers' Compensation: Provide a "Certificate of Insurance" issued by the applicant's workers' compensation insurance carrier. The named insured listed on the certificate must be the same as the name on this application. The certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741. **NOTE**: An active policy must be maintained on all active contractor licenses, whether or not current construction activity is being performed. For an applicant whose office is located outside of Utah, the certificate must show that the insurance covers employees working in Utah.
- iii. Workers' Compensation and Unemployment Insurance for Owner-Workers: PEO must provide written verification that any owner-worker with less than 8% ownership who is actively engaged in construction activities on behalf of your company is covered by workers' compensation and unemployment insurance. Alternatively, you must provide verification of workers' compensation and unemployment insurance for any owner-worker with less than 8% ownership who is actively engaged in construction activities on behalf of your company.

**Employee Alternative #C** (*Applicant does not hire employees*). If the Contractor applicant **does not currently have** and **does not** plan to hire employees in the foreseeable future, the Contractor applicant is not required to register with payroll taxing agencies or to obtain workers compensation. **Note**: In order to lawfully operate without employees, the Contractor applicant must be one of the following:

- i. The Contractor Business Entity must be a Sole Proprietorship and the Qualifier is the sole Owner.
- ii. The Contractor Business Entity must be a Partnership and the Qualifier is a Partner; and all payments made to Partners will be profit distributions, except that owner-workers with less than 8% ownership who are actively engaged in construction activities on behalf of your company must be covered by workers' compensation and unemployment insurance.
- iii. The Contractor Business Entity must be a Sub S Corporation and the Qualifier is an Owner; and all payments to Qualifier are shareholder distributions.
- iv. The Contractor Business Entity must be a Limited Liability Company and the Qualifier is an Owner; and all payments to Qualifier are owner distributions, except that owner-workers with less than 8% ownership who are actively engaged in construction activities on behalf of your company must be covered by workers' compensation and unemployment insurance.

*Note: For practical purposes, many types of contracting businesses, such as roofing, concrete or drywall contractors, may not be able to physically engage in the construction activities without employees.*

If a Qualifier is employed by a Contractor in any other form of business he is, by definition, an employee of the company who should be paid in W-2 wages and the entity therefore must have employees.

17. **Qualifying Questionnaire:** If a person has been involved in unprofessional or unlawful conduct, the Division may consider a number of factors in determining if a person should be issued a license or if they should be issued a license with restrictions or with probation.

A list of these factors is contained in the Division of Occupational and Professional Licensing Act Rules at Section R156-1-302. These rules are available on the Division's web site at [www.dopl.utah.gov](http://www.dopl.utah.gov). You may wish to review that rule and provide additional information that may be considered with your application. If you failed to furnish the additional information, your application could be denied or it could delay processing of your application until the additional information is received.

18. **Additional Information for consideration.** See Utah Administrative Code Section R156-1-302 for information that could be considered in reviewing the criminal history of an applicant who has previously had legal problems.

19. **Qualifier Examinations and Experience requirements.** All qualifiers, (*the person(s) who demonstrates they have the knowledge and experience necessary to engage in a contractor business*), are required to pass various examinations, obtain experience, obtain individual licenses as plumbers or electricians, obtain other certificates or meet other requirement. Since all of these requirements must be completed before an applicant applies for licensure and in most cases require some advance planning, we have included that information in a separate document entitled **Contractor Examinations Candidate Information Bulletin** which is available at [www.dopl.utah.gov](http://www.dopl.utah.gov).

By the time an applicant is ready to fill out a license application, all of these requirements should be completed. If you need further information on the examinations or experience requirements for licensure, please refer to Contractor Examinations Candidate Information Bulletin or you may refer to the following sections of the Utah Construction Trades Licensing Act Rules: Section 156-55a-302a – Examination Requirements and R156-55a-302b – Experience Requirements.

20. **Experience Requirements.** If the qualifier applicant is representing that the experience submitted was obtained while working at a company which he/she is an owner, which holds a contractor license, then you must submit complete copies of your personal and company tax returns, including Schedule C or K-1 equivalent documentation issued by you to the qualifier for your company for the work they performed during the time period for which you are claiming experience. Experience must be equal to 2 or 4 years (depending on the applicable classification) of full time paid employment or equivalent part time hours over a longer period of time.
21. **Experience requirements.** If an applicant is unsure if the experience requirements have been met or believes the experience requirements may have been met by alternative means such as testing or licensure in other states, please refer to the **Contractor Examinations Candidate Information Bulletin** or Utah Construction Trades Licensing Act Rules Section R156-55a-302b to verify the experience requirements have been met.

22. **Examination requirements.** All qualifier applicants are required to pass the Utah Contractor Business – Law Examination. If an applicant is unsure if the examination requirements have been met or believes the examination requirements may have been met by alternative means such as testing or licensure in other states, please refer to the **Contractor Examinations Candidate Information Bulletin** to verify the examination requirements have been met.
23. **Reciprocity with Other States.** If a qualifier applicant believes the examination requirements have been met by passing comparable examinations in Arizona, California, Louisiana, Nevada, or South Carolina (*reciprocity states*) the qualifier must complete Appendix Form C: Request for Verification of License from Reciprocity States, that will provide proof of passing the required examination. The list of Reciprocal License Classifications with comparable examination requirements may be found at [www.dopl.utah.gov](http://www.dopl.utah.gov).
24. **Other License or Certificate requirements.** Certain license classifications require a qualifier applicant to hold individual licenses or certification. The applicant must provide the Utah License Number or Certificate Number which the specific classification requires. Where requested, a copy of the required certificate must be provided.
25. **Trade Classifications.** For complete description of the scope of work that may be performed in each contractor trade classification, go to Utah Construction Trades Licensing Act Rules Section R156-55a-301. These Rules are available at [www.dopl.utah.gov](http://www.dopl.utah.gov).
26. **Previous Qualifiers.** If you were previously a qualifier in the same trade classification, within the past 10 years the Division **may** have your experience and examination records on file and you do not need to resubmit the experience or examination documentation.
27. **Addition of additional (Supplemental) Trade Classifications:** Please complete the section entitled “Type of Licenses...” on page 4 of the Contractor’s Application to determine the fees payable. Registration fees for the Residence Lien Recovery Fund are not required if you are currently registered with the RLR. You must mark or circle only those additional Trade Classifications you are applying for, which will determine the applicable fee due. Do not mark or circle those trade classifications under which you currently hold a license.
- If you are applying for an E100, B100, R100 or a first specialty classification, the applicable fee will be \$210.00 for each classification. If you are applying for an additional specialty classification, the applicable fee will be \$110.00 per classification. You **must** complete the section entitled “Type of Licenses...” on page 4 of the Contractor’s Application, enclose the total fee payable, and submit page 4 and the fee with Appendix Form A: Qualifier Application Form.
28. **Replacement of a Qualifier:** If the Applicant is replacing a qualifier for any reason, the Division must be notified within 10 days of disassociation.
29. Pursuant to Utah Code Ann. 58-55-302(1)(A)(i), before any owner-worker with less than 8% ownership engages in construction activities on behalf of your company, you must complete and provide Appendix Form F: Owner-Worker Status Report.

In addition, each owner-worker with less than 8% ownership who is actively engaged in construction on behalf of your company must complete and provide Appendix Form G: Owner-Worker Registration Form. This registration form is required to assure the following items are addressed:

### 1. Owner-Worker Financial Responsibility

Utah Code Ann. 58-55-306 (4)(a) provides that individuals who own an ownership interest in your company may be required to demonstrate financial responsibility. Financial responsibility is defined at Utah Code Ann. 58-55-102(19).

An owner-worker who is or who has been delinquent in the payment of any obligation or who has filed bankruptcy may disqualify your owner-worker's registration.

Pursuant to the foregoing Utah Code provisions, we are requiring that each owner-worker comply with and provide the same information required in questions 11-13 above and provide Appendix Form E: Credit Report Authorization.

## **2. Owner-Worker Lawful Presence**

Each owner-worker must demonstrate lawful presence in the United States as required by Utah Code Ann. 58-55-501(24).

## **3. Owner-Worker Unprofessional and Unlawful Conduct**

An owner-worker registration may be denied if the owner-worker has engaged in unlawful or unprofessional conduct as provided in Utah Code Ann. 58-55-401(2)(b)(i)-(ii).

If an owner-worker has been involved in unprofessional or unlawful conduct, the Division may consider a number of factors in determining if a person should be issued a license or if they should be issued a license with restrictions or probation. A list of these factors is contained in the Division of Occupational and Professional Licensing Act Rules at Section R156-1-302. These rules are available on the Division's web site at [www.dopl.utah.gov](http://www.dopl.utah.gov). You may wish to review that rule and provide additional information that may be considered with your application. If you fail to furnish the additional information, your owner-worker registration could be denied or delayed until the additional information is received.