

**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 P.O. Box 146741 Salt Lake City, Utah 84114-6741
<b>In Person or Express Mail</b>	160 East 300 South, 1st Floor, Salt Lake City, Utah 84111
<b>FAX</b>	(801) 530-6511

**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. <sup>1</sup>). The number corresponds to a number in the Detailed Application Instructions found starting on page 23. Portions of the instructions may not apply to all applicants but have been included in the information for those applicants for whom the provision apply.

# **Index: Contractor's License Application**

## **Required Forms:**

**Application for Contractor's License.....pages 3 - 10**

**Appendix Form A: Qualifier Application Form.....pages 11 - 16**

## **Optional Forms:**

**Appendix Form B: Contractor's License Bond.....page 17**

**Appendix Form C: Guaranty Agreement.....page 18**


**Appendix Form D: Affidavit of Qualifying Experience.....pages 19 - 20**

**Appendix Form E: Request for Verification of License from Reciprocity States  
pages 21 - 22**

## **Instructions and other information:**

**Detailed Contractor Application Instructions.....pages 23 - 29**

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

(If marked with  see the numbered instruction in the Detailed Contractor Application Instructions starting on page 23.)

C  
O  
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P  
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**APPLYING AS A SOLE PROPRIETORSHIP <sup>1</sup> & <sup>2</sup>:**

**Individual's Legal Name <sup>2</sup>:** \_\_\_\_\_


**I certify under penalty of perjury that I am a United States citizen, or a qualified alien as defined in 8 U.S.C., Sec 1641 who is lawfully present in the United States.**

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

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

**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>:** \_\_\_\_\_

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>: \_\_\_\_\_

**Business Mailing Address <sup>6</sup>:** \_\_\_\_\_

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

Telephone(s): \_\_\_\_\_

E-mail Address (if available): \_\_\_\_\_

**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 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 regarding the application and its Qualifier; and that I am authorized to sign this application on behalf of the Applicant; and that I hereby authorize the Division to contact any person or entity to verify the Applicant's or Qualifier's qualifications.

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a contractor in the state of Utah, and I agree to comply with such.

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


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

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

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

**TYPE OF LICENSES/REGISTRATION APPLIED FOR AND FEES DUE:** 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 (*of more than two years*) who have **not** engaged in Unlawful Practice while their License was expired.

	Type of License	Amount	Total																																																																																
<input type="checkbox"/>	Residence Lien Recovery Fund Registration <span style="color: red;">◇ 7 &amp; ◇ 26</span> (Most contractors are required to register in Residence Lien Recovery Fund.)	\$195.00																																																																																	
	<p><b>If you are not 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:</p> <p style="color: red;">◇ 7 &amp; ◇ 24</p> <table style="width: 100%; text-align: center; font-size: small;"> <tr> <td>E100</td><td>S211</td><td>S213</td><td>S262</td><td>S320</td><td>S321</td><td>S322</td><td>S323</td><td>S340</td><td>S360</td> </tr> <tr> <td>S440</td><td>S441</td><td>S450</td><td>S470</td><td>S480</td><td>I101</td><td>I102</td><td>I103</td><td>I104</td><td>I105</td> </tr> </table>			E100	S211	S213	S262	S320	S321	S322	S323	S340	S360	S440	S441	S450	S470	S480	I101	I102	I103	I104	I105																																																												
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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																																																																																	
<input type="checkbox"/>	First specialty license (circled below) <span style="color: red;">◇ 19 &amp; ◇ 26</span>	\$210.00																																																																																	
<input type="checkbox"/>	_____ times \$110 for each additional specialty (circled below) <span style="color: red;">◇ 19 &amp; ◇ 24 &amp; ◇ 26</span>	\$110.00																																																																																	
	<p>Circle each classification for which you are applying:</p> <table style="width: 100%; text-align: center; font-size: small;"> <tr> <td>B200</td><td>R101</td><td>R200</td><td>I101</td><td>I102</td><td>I103</td><td>I104</td><td>I105</td><td>S200</td><td>S201</td> </tr> <tr> <td>S202</td><td>S210</td><td>S211</td><td>S212</td><td>S213</td><td>S214</td><td>S215</td><td>S216</td><td>S217</td><td>S220</td> </tr> <tr> <td>S221</td><td>S222</td><td>S230</td><td>S231</td><td>S240</td><td>S250</td><td>S260</td><td>S261</td><td>S262</td><td>S263</td> </tr> <tr> <td>S270</td><td>S272</td><td>S273</td><td>S280</td><td>S290</td><td>S291</td><td>S292</td><td>S293</td><td>S294</td><td>S300</td> </tr> <tr> <td>S310</td><td>S320</td><td>S321</td><td>S322</td><td>S323</td><td>S330</td><td>S340</td><td>S350</td><td>S351</td><td>S352</td> </tr> <tr> <td>S353</td><td>S360</td><td>S370</td><td>S380</td><td>S390</td><td>S400</td><td>S410</td><td>S420</td><td>S422</td><td>S430</td> </tr> <tr> <td>S440</td><td>S441</td><td>S450</td><td>S460</td><td>S470</td><td>S480</td><td>S490</td><td>S491</td><td>S500</td><td>S600</td> </tr> <tr> <td>S700</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			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	S360	S370	S380	S390	S400	S410	S420	S422	S430	S440	S441	S450	S460	S470	S480	S490	S491	S500	S600	S700									
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<b>TOTAL DUE:</b> <span style="color: red;">◇ 8 &amp; ◇ 9</span> Enclose a check or money order for the total application fees payable to DOPL.		\$																																																																																	

**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.*)

This section is **not applicable for Sole Proprietorships** as they own 100% of the business.

**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:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

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

**Mailing Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_







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

































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







**Mailing Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_


**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"/>	<p>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 have you filed bankruptcy within the last 7 years; or have you had a judgment(s) entered against you within the last 5 years?</p> <p> <sup>14</sup></p> <p> <b>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.</b>  <sup>10</sup> &amp;  <sup>12</sup></p> <p><b>Alternatives:</b> You may file a license bond or you must submit additional documentation to demonstrate you are now financially responsible.  <sup>10</sup></p> <p><i>If you are using one of these alternatives, answer the following:</i></p>
Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1a. Have you attached a license bond form?  <sup>10</sup>

		<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? <i>(Required if you or the owners have had judgments or tax liens entered against them within the last 5 years.)</i>  <sup>10</sup> &  <sup>11</sup> &  <sup>12</sup>																		
		<input type="radio"/>	<input type="radio"/>	1c. Have you enclosed a copy of credit reports of the Applicant and its owners? <i>(Required for most applicants who have disclosed financial problems unless delinquencies have been minor.)</i>																		
		<input type="radio"/>	<input type="radio"/>	1d. Have you enclosed a copy of the bankruptcy schedules of the Applicant and its owners? <i>(Required if the Applicant or owners have filed bankruptcy within the last 7 years.)</i>  <sup>10</sup> &  <sup>12</sup>																		
		<input type="radio"/>	<input type="radio"/>	1e. Have you enclosed a current financial statement of the Applicant? <i>(Required for most applicants who have disclosed financial problems unless delinquencies have been minor.)</i>  <sup>10</sup> &  <sup>11</sup> &  <sup>12</sup>																		
		<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?  <sup>10</sup> &  <sup>11</sup> &  <sup>12</sup>																		
		<input type="radio"/>	<input type="radio"/>	1g. Have you enclosed other types of documentation?																		
<input type="radio"/>	<input type="radio"/>	<p>2. 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></p> <p> <b>If you answered “No” to this question you may not, by your own financial strength, qualify for licensure.</b> You may wish to apply for licensure after you have resolved your financial difficulties or use the following alternatives.  <sup>10</sup> &amp;  <sup>11</sup></p> <p><b>Alternatives:</b> The Applicant may file a license bond or may have a solvent individual or entity guarantee your obligations as a contractor.  <sup>10</sup></p> <p>If the Applicant is using one of these alternatives, answer the following:</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Question</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>2a. Have you attached Appendix Form B: Contractor’s License Bond?  <sup>10</sup></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>2b. Have you attached Appendix Form C: Guaranty Agreement form?  <sup>10</sup> If you have attached guaranty forms answer the following question:</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>2c. Does the current value of all real and personal property you and the guarantor own exceed the total liabilities you and the guarantor owe?  <b>If you answered “no” to question 2c you may still not qualify for licensure.</b> You may wish to apply for licensure after you have resolved your financial difficulties or use the following alternative.  <sup>10</sup> &amp;  <sup>11</sup></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>2d. Have you enclosed a current financial statement of the Applicant?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>2e. 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?</td> </tr> </tbody> </table>			Yes	No	Question	<input type="radio"/>	<input type="radio"/>	2a. Have you attached Appendix Form B: Contractor’s License Bond?  <sup>10</sup>	<input type="radio"/>	<input type="radio"/>	2b. Have you attached Appendix Form C: Guaranty Agreement form?  <sup>10</sup> If you have attached guaranty forms answer the following question:	<input type="radio"/>	<input type="radio"/>	2c. Does the current value of all real and personal property you and the guarantor own exceed the total liabilities you and the guarantor owe?  <b>If you answered “no” to question 2c you may still not qualify for licensure.</b> You may wish to apply for licensure after you have resolved your financial difficulties or use the following alternative.  <sup>10</sup> &  <sup>11</sup>	<input type="radio"/>	<input type="radio"/>	2d. Have you enclosed a current financial statement of the Applicant?	<input type="radio"/>	<input type="radio"/>	2e. 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?
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<input type="radio"/>	<input type="radio"/>	<p>3. Is the Applicant a business entity which was established less than 2 years before the date of this application?  <sup>13</sup></p> <p><i>If you answered “Yes”, please answer the following questions for all owners of the business entity.</i></p>																				

Yes	No	Question
<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? ( <i>Please add the amounts of all delinquent payments that were not paid on a timely basis.</i> ) \$ _____  <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.</b> 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.  <sup>10</sup> &  <sup>12</sup>

Yes	Required Liability Insurance Information Checklist:  <sup>15</sup> ( <i>Required for all applicants.</i> )
<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.

Payroll Information Alternatives: ( <i>You must do one of these three (3) alternatives</i> )	
S E L E C T  O N L Y  O N E	<b>Yes</b> Payroll Alternative #1 Checklist:
	<input type="checkbox"/> Enclose a copy of your Workers Compensation Certificate ( <i>Note: Applicants using PEO must still file this certificate.</i> )  <sup>16A</sup>
	<input type="checkbox"/> Provide the Utah Department of Workforce Services Registration Number _____. ( <i>Required of all applicants unless applicant files copy of Contract Professional Employee Organization (PEO).</i> )  <sup>16A</sup>
	<input type="checkbox"/> Provide the Utah State Tax Commission Registration Number _____. ( <i>Required of all applicants, unless applicant files copy of Contract Professional Employee Organization (PEO).</i> )  <sup>16A</sup>
	<b>Yes</b> Payroll Alternative #2 Checklist:
	<input type="checkbox"/> Enclose a copy of your Workers Compensation Certificate. ( <i>Note: Applicants using PEO must still file this certificate.</i> )  <sup>16B</sup>
	<input type="checkbox"/> Enclose a copy of signed Contract Professional Employee Organization (PEO). ( <i>Required for applicants using PEO.</i> )  <sup>16B</sup>
<b>Yes</b> Payroll Alternative #3 Checklist:	
<input type="checkbox"/> Acknowledge that the Applicant does not now hire employees and does not intend to hire employees within the foreseeable future. ( <i>Applicable only if applicant claims exemption from payroll taxes and workers compensation insurance.</i> )  <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 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. Have you read and understood all statutes and rules pertaining to the practice as a contractor in the state of Utah, and I 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.



---

If you answered “Yes” to any of the above questions, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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>26</sup>) Classification to an existing Contractor Licensee  
(See <sup>26</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: \_\_\_\_\_

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

Owner

Officer

Manager

## 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 of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Enclose the letter from the testing agency verifying the passing scores for this examination.

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.

Applying for one of the following classifications for which **no trade examination** is required. Circle the classification applied for:

S211	S214	S217	S221	S231	S261	S262	S263	S272	S291	S292	S294	S322
S323	S352	S400	S420	S421	S430	S441	S460	S470	S480	S491	S500	S700

Applying for one or more of the following classifications for which the Qualifier **must have** a plumber's or electrician's license.

- S200 requires Utah Master Electrician, license # \_\_\_\_\_
- S201 requires Utah Master Residential Electrician, license # \_\_\_\_\_
- S210 requires Utah Master Plumber, license # \_\_\_\_\_
- S217 requires Utah Residential Master Plumber, license # \_\_\_\_\_
- I103 requires Utah Master or Journeyman Electrician; or Master or Journeyman Residential Electrician, license # \_\_\_\_\_
- I104 requires Utah Journeyman Plumber or Residential Journeyman Plumber, license # \_\_\_\_\_

Applying for the S202 with North American Board of Certified Energy Practitioner certificate, # \_\_\_\_\_

Applying for the following classifications for which a **trade examination is required**. Circle classifications being applied for and complete the highlighted block below for each:

E100	B100	B200	R100	R100	R101	R200	I101	I102	I105	S212	S213	S215
S216	S220	S222	S222	S230	S240	S250	S260	S270	S280	S290	S293	S300
S310	S320	S321	S330	S340	S350	S351	S353	S360	S370	S380	S390	S410
S440	S450	S490	S600									



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



Enclose the letter from the testing agency verifying the passing scores for this examination.



Have previously furnished verification of passing this examination when I became the Qualifier on Utah contractor license # \_\_\_\_\_. ⬠<sup>25</sup>

Have taken an acceptable comparable examination in a Reciprocity State and enclosed a completed Appendix Form E: Verification of Licensure for Qualifier 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.):

Utah License Classification \_\_\_\_\_; Reciprocity State \_\_\_\_\_  
 Reciprocity Classification \_\_\_\_\_, License Number \_\_\_\_\_

<b>Classification</b> _____ (Do one of the following.)	
<input type="radio"/>	Enclose the letter from the testing agency verifying the passing scores for this examination.
<input type="radio"/>	Have previously furnished verification of passing this examination when I became the Qualifier on Utah contractor license # _____  <sup>25</sup>
<input type="radio"/>	Have taken an acceptable comparable examination in a Reciprocity State and enclosed a completed Appendix Form E: Verification of Licensure for Qualifier 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.): Utah License Classification _____; Reciprocity State _____ Reciprocity Classification _____, License Number _____

<b>Classification</b> _____ (Do one of the following.)	
<input type="radio"/>	Enclose the letter from the testing agency verifying the passing scores for this examination.
<input type="radio"/>	Have previously furnished verification of passing this examination when I became the Qualifier on Utah contractor license # _____  <sup>25</sup>
<input type="radio"/>	Have taken an acceptable comparable examination in a Reciprocity State and enclosed a completed Appendix Form E: Verification of Licensure for Qualifier 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.): Utah License Classification _____; Reciprocity State _____ Reciprocity Classification _____, License Number _____

<b>EXPERIENCE or LICENSE VERIFICATION:</b> Complete one or more of the following five alternatives for the classifications applied for.  <sup>20</sup> &  <sup>24</sup>	
<input type="checkbox"/>	1. 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. S200 requires Utah Master Electrician, license # _____ S201 requires Utah Master Residential Electrician, license # _____ S210 requires Utah Master Plumber, license # _____ S217 requires Utah Residential Master plumber, license # _____ I103 requires Utah Master or Journeyman Electrician; or Master or Journeyman Residential Electrician, license # _____ I104 requires Utah Journeyman Plumber or Residential Journeyman Plumber, license # _____
<input type="checkbox"/>	2. Applying for the S202 requires North American Board of Certified Energy Practitioner certificate, # _____
<input type="checkbox"/>	3. Applying for one or more of the following classifications for which <b>two (2) years experience</b> is required. (Circle the desired classification.) R101 R200 S211 S212 S213 S214 S215 S216 S221 S222 S230 S231 S240 S250 S260 S261 S262 S263 S270 S272 S273 S291 S292 S293 S294 S300 S310 S321 S322 S323 S330 S340 S351 S352 S353 S380 S390 S400 S410 S420 S422 S430 S440 S441 S450 S460 S470 S480 S490 S491 S500 S600 S700

<input type="checkbox"/>	4. Applying for one or more of the following classifications for which <b>four (4) years experience</b> is required. <i>(Circle the desired classification.)</i> S220 S280 S290 S320 S350 S360 S370 I105
<input type="checkbox"/>	5. Applying for one of the following classifications for which <b>four (4) years experience</b> is required; two (2) of which must be supervisory. <i>(Circle the desired classification.)</i> E100 B100 R100 I101 I102

For each classification circled in 3, 4 or 5 above, complete one highlighted block below.

Classification _____ <i>(Do one of the following.)</i>	
<input type="radio"/>	Verify the experience required by submitting completed <b>Appendix Form D</b> for the number of years required.
<input type="radio"/>	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="radio"/>	Verify the experience required by submitting completed <b>Appendix Form E</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="radio"/>	Verify the experience required by submitting completed <b>Appendix Form D</b> for the number of years required.
<input type="radio"/>	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="radio"/>	Verify the experience required by submitting completed <b>Appendix Form E</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="radio"/>	Verify the experience required by submitting completed <b>Appendix Form D</b> for the number of years required.
<input type="radio"/>	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="radio"/>	Verify the experience required by submitting completed <b>Appendix Form E</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="radio"/>	Verify the experience required by submitting completed <b>Appendix Form D</b> for the number of years required.
<input type="radio"/>	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="radio"/>	Verify the experience required by submitting completed <b>Appendix Form E</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.**

Answer “Yes” or “No” to each question. Do not leave any question blank. <sup>17</sup>


Answer each question on behalf of the Applicant, any officer, director, partner, proprietor, shareholder (*unless publicly traded*), member, owner, qualifying managing employee, or manager associated with or employed by the Applicant.

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. Have you read and understood all statutes and rules pertaining to the practice as a contractor in the state of Utah, and 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 any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. 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: Contractor's License Bond <sup>10a</sup>

(This form may be used as an alternative means of demonstrating financial responsibility.)

**If you use this form, do not use Form C.**

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, \_\_\_\_\_ 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), 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 Annotated 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 Annotated Title 58, Chapters 1 and 55 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 not exceed \$50,000 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 C: Guaranty Agreement Form <sup>10b</sup>

(This form may be used as an alternative means of demonstrating financial responsibility.)

**If you use this form, do not use Form B.**

**STATE OF UTAH  
DEPARTMENT OF COMMERCE  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
BUREAU OF CONSTRUCTION TRADES LICENSING**

## GUARANTY AGREEMENT

I/we, the undersigned person or on behalf of the undersigned guarantor, do hereby pledge and agree to guarantee the debts and obligations of the within named Contractor Applicant for all debts and obligations arising out of the contracting activities of the Contractor in the State of Utah. This guarantee shall not guarantee payment of accidental tort injuries provided the Contractor has maintained the minimum public liability insurance required by the Utah Contractor statutes and rules and such insurance covers the type of injury that may be involved.

This **GUARANTY AGREEMENT** is being executed at the request of \_\_\_\_\_, the Contractor, to which this document is applicable for the express purpose of providing additional financial security and stability to, and for, said Contractor Applicant in order that the Applicant may obtain a contractor license in the State of Utah.

I/we, the undersigned Guarantors, agree and contract to pay any and all debts and obligations of the Contractor as provided for above should he/it fail and refuse to pay and/or default on the same.

I/we, the undersigned Guarantors, agree to furnish and supply the State of Utah, Department of Commerce with any and all financial reports, statements and information to which it may request in order to provide evidence of my/our financial security and stability.

This document and the obligation undertaken shall expire and shall become null and void two years after the expiration of any license, including renewals granted to the Contractor by the State of Utah, or upon the joint request, in writing, of the undersigned Guarantors and the Contractor with the approval of the Department of Commerce, provided, however, that any and all debts and obligations for, or arising out of, work in progress upon the expiration, nullification and/or cancellation of this agreement shall be covered and the Guarantor(s) herein shall remain liable for same.

This document is given for the protection of the suppliers, customers, and other creditors of the contractor and shall be classified as a public document and may be released to any party.

The undersigned hereby agree that legal action brought by any of the protected parties listed in the previous paragraph shall have jurisdiction within the State of Utah and the undersigned agrees to be bound by and submit to jurisdiction in the State of Utah.

This document identifies the guarantor as the following:

Individual Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

-OR-

Entity Name: \_\_\_\_\_ Employer Identification Number: \_\_\_\_\_


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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Guarantor or Authorized Agent of Guarantor: \_\_\_\_\_

Type or print name and title of Signer: \_\_\_\_\_

# Appendix Form D: 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: \_\_\_\_\_

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 he/she 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: \_\_\_\_\_

### 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 if performed in Utah. If experience was completed in Utah, copies of the W-2 forms MUST be submitted with this form. I understand that the experience of persons working for a Utah contractor as an independent contractor paid on a 1099 form is not acceptable.

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.**

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: \_\_\_\_\_

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 and would subject my license to disciplinary action.

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

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

# Appendix Form E: 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 his/her Utah application. Thank you.

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): \_\_\_\_\_



## 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) which 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 with an attorney or CPA to advise you 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. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 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 which 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	S321 Steel Reinforcing
I101 General Engineering Trades Instructor	S322 Metal Building Erection
I102 General Building Trades Instructor	S323 Structural Stud Erection
I103 General Electrical Trades Instructor	S340 Sheet Metal
I104 General Plumbing Trades Instructor	S360 Refrigeration
I105 General Mechanical Trades Instructor	S440 Sign Installation
S211 Boiler Installation	S441 Non Electrical Outdoor Ad Sign
S213 Industrial Piping	S450 Mechanical Insulation
S262 Gunnite and Pressure Grouting	S470 Petroleum System
S320 Steel Erection	S480 Piers and Foundations

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 (*the “Total Due” on page 5*) 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 Annotated 58-55-306 requires that contractors demonstrate financial responsibility which is defined at Utah Code Annotated 58-55-102(16).

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 one of two alternatives to qualify for licensure.

**Financial Responsibility Alternative #A: Obtain a license bond.** 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 B.

**Financial Responsibility Alternative #B: Obtain a guaranty agreement.** A guaranty agreement is a contract where the guarantor agrees to pay your obligations if you fail to pay your obligations. Unrelated parties may not be willing to guarantee the obligations of an applicant who has a negative equity or who are now delinquent on their obligations.

Owners of a corporation, a limited liability company or other type of business entity may guarantee the obligations of the entity. Owners signing guaranty agreements should be aware that limited liability protection resulting from that form of business entity may no longer protect the owners. The guaranty agreement form required is Appendix Form C.

11. **Financial responsibility details for questions 1b, 1e, 1f, 2, 2c and 3a:** 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, 3a and 3c:** If you have previously been delinquent in payment of your obligations, filed for bankruptcy, or had judgments entered against you; 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 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 which has been established for less than 2 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.

14. **Residence Lien Recovery Fund Claims.** Applicants or any owners who were involved with a prior contractor, which 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.

**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 are 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.
- 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.

**Additional 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 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.
21. **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.
22. **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*) they must complete Appendix Form E: Request for Verification of License from Reciprocity States, which 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).
23. **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.
24. **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).
25. **Previous Qualifiers.** If you were previously a qualifier in the same trade classification, the Division may have your experience and examination records on file and you do not need to resubmit the experience or examination documentation.
26. **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 RLRf. 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.