

# STATE OF UTAH

## DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

### AFFIRMATION OF EXEMPTION FROM CONTRACTOR LICENSURE

#### 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 affirmation of exemption form including any applicable supporting documents.** Failure to submit a completed form and supply all necessary information will delay processing and may result in denial of affirmation of exemption registration. **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.

#### Submit Completed Application to:

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

**Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

**Fax Number:** (801) 530-6511

**Applicable Laws:** A handyman performing remodel work which has a total value with labor and materials included, regardless of who provided the materials, of \$1,000 or less is exempt from contractor licensure. The exemption excludes new construction work; electrical, plumbing and mechanical work; and alarm system installations. Each of these activities must be done by a properly licensed contractor.

The exemption may be increase to total value of \$3,000 or less by acquiring an Affirmation of Exemption Application from DOPL verifying that the contractor has liability insurance and applicable worker compensation insurance. Note that this exemption also excludes new construction work; electrical, plumbing and mechanical work; and alarm system installations. Each of these activities must be done by a properly licensed contractor. The increased amount is not valid until DOPL issues an exemption certificate.

Pursuant to Utah Code Ann. 58-55-102 (18) and 58-55-501(1), it is unlawful conduct for an unlicensed person, including persons filing an affirmation of exemption (handyman), to use the term contractor, builder, plumber, electrician, alarm system installation, mechanical work or

similar words that may imply an entity or person will do work that only a licensed contractor, plumber, electrician or alarm system installer can perform. Affirmations of exemptions which contain such inappropriate words in the name of registrant will be denied.

We have summarized the requirements for affirmation for exemption in this 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>.

This Affirmation of Exemption form references the Detailed Instructions where you will find additional information needed to complete this form. Points of reference to the Detailed 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 Instructions found starting on page 5. Portions of the instructions may not apply to all applicants but have been included in the information for those applicants for whom the provision may apply.

# AFFIRMATION OF EXEMPTION FROM CONTRACTOR LICENSURE

(If marked with see the numbered instruction in the Detailed Instructions starting on page 5.)

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## APPLYING AS A SOLE PROPRIETORSHIP <sup>1</sup> & <sup>2</sup>:

Last Name:	First Name:	Middle Name:
Social Security Number: <sup>3</sup> - -	Maiden Name:	
I certify under penalty of perjury that: <input type="checkbox"/> 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: __ <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. 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.		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	Phone #: _____
E-Mail: _____		

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

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**

Affirmation/Exemption Registration Number: \_\_\_\_\_

Date Affirmation/Exemption Registration Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

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

Date Affirmation/Exemption Registration Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

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

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

## AFFIDAVIT AND RELEASE AUTHORIZATION

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

### AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the licensure/certification/registration for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and 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.
3. 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.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

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

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

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



**Submit \$35.00 Affirmation of Exemption Non-refundable filing fee**

#### **Required Liability Insurance Information Checklist:** <sup>7</sup> (Required for all applicants.)

Complete all the following: (or you may enclose your Liability Insurance Certificate showing all of the following)

<input type="checkbox"/>	Verify that the Name of the Insured on the Certificate is the Applicant as shown on page 3.
<input type="checkbox"/>	Provide the Policy #: _____
<input type="checkbox"/>	Provide the Expiration Date: ___/___/___ (mm/dd/yyyy)
<input type="checkbox"/>	Provide the Insurance Company name: _____
<input type="checkbox"/>	Provide the Insurance Company address, phone number and contact person: _____
<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>Required Workers Compensation Insurance Information:</b> <i>(You must do one of these two (2) alternatives)</i>	
<b>Alternative #1:</b> Complete all the following: (or you may enclose your Insurance Certificate showing all of the following)	
<input type="checkbox"/>	Verify that the Name of the Insured on the Certificate is the Applicant as shown on page 3.
<input type="checkbox"/>	Provide the Policy #: _____
<input type="checkbox"/>	Provide the Expiration Date: ____/____/____ (mm/dd/yyyy)
<input type="checkbox"/>	Provide the Insurance Company name: _____
<input type="checkbox"/>	Provide the Insurance Company address, phone number and contact person: _____
<input type="checkbox"/>	Verify that DOPL is named as the Certificate Holder with the correct address.
<b>Alternative #2:</b>	
<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 workers compensation insurance.)</i>  8

## **Detailed Instructions**

1. **Form of entity:** If you still have not decided the form of entity in which you will operate your 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 exemption certificate 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 Handyman Service or XYZ Handyman 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 exemption certificate 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 application; and is the name that will appear on the exemption certificate 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 exemption certificate.

5. **Employer Identification Number (EIN):** Any applicant 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. **General Liability Insurance:** All applicants must verify Liability Insurance coverage, by providing an active policy number, with its expiration date, as issued by the applicant's public liability insurance carrier. You must also provide information on the insurance company and the contact information. **A copy of the insurance certificate may be provided rather than listing the information on the form.** We do not accept incomplete or inaccurate certificates. The minimum required coverage is \$100,000 for each incident and \$300,000 in total.

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 by all exemption registrants, whether or not current construction activity is being performed. If liability insurance is cancelled, the registrant should surrender the exemption certificate.

8. **Workers Compensation Insurance (Employees):** If the applicant currently has employees, or intends to hire employees in the next year, the applicants must verify Workers Compensation Insurance coverage, by providing an active policy number, with its expiration date, as issued by the applicant's workers compensation insurance carrier. You must also provide information on the insurance company and the contact information. **A copy of the insurance certificate may be provided rather than listing the information on the form.** We do not accept incomplete or inaccurate certificates.

**NOTE:** An active policy must be maintained by all exemption registrants, whether or not current construction activity is being performed.