

REQUEST FOR VERIFICATION OF LICENSURE

Note: Submit a \$20.00 fee for each verification of licensure.

UTAH LICENSE INFORMATION

Name (as it appears in our records): _____

License Number: _____ Profession: _____

Date of Birth: _____ Social Security Number: _____

Qualifier Name (contractors only): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (____) _____ Other Telephone: (____) _____

Signature: _____ Title: _____

WHERE SHOULD THE VERIFICATION OF LICENSURE BE SENT?

_____ I will pick up the verification. (A Division representative will call you at the number listed above, informing you that the verification is ready for pickup at the Division's front desk.)

_____ Mail it to me at the address listed above.

_____ Mail it to the following state board / agency / business / other:

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____