



State of Utah  
Department of Commerce

Division of Occupational and Professional Licensing

GARY R. HERBERT  
*Governor*

FRANCINE A. GIANI  
*Executive Director*

MARK B. STEINAGEL  
*Division Director*

Dear Resident:

You may be eligible for protection against mechanics' liens and related lawsuits.

The Utah Residence Lien Restriction and Lien Recovery Fund Act provides that homeowners who meet certain criteria can obtain a Certificate of Compliance, which certifies that the owner is protected from mechanics' liens and related lawsuits.

The sections below are instructions on how to apply for a Certificate:

1. If you contracted for more than \$5,000 you must complete the application for Certificate of Compliance located on pages 1-6 of the attachment and submit the required supplemental documentation.
2. If you contracted after May 10, 2010 for no more than \$5,000 you have the option to apply under section 1 or by completing the Affidavit of Compliance located on pages 7 & 8 of the attachment.

The Residence Lien Recovery Fund staff can assist you with the application. However, Fund personnel cannot answer questions about your specific legal circumstances or represent you in legal matters. You may contact the Residence Lien Recovery Fund at (801) 530-6104 or [lrf@utah.gov](mailto:lrf@utah.gov).

Please be aware it is your responsibility to understand the statutes and rules that govern the Residence Lien Recovery Fund. The statutes, rules and additional information may be found on the Fund's website located at: <http://www.dopl.utah.gov/rlrf/index.html>

Respectfully,

Dane S Ishihara  
Lien Recovery Fund Manager

**State of Utah**  
**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**Certificate of Compliance Application**

**Checklist**

- \$30 non-refundable application fee
- Complete Application

The following must be attached your application:

- A copy of your written contract
- Evidence establishing the owner of the residence on the date the contract was entered
- Evidence your contract was paid in full
- Evidence establishing the project completion date
- Copies of liens filed on residence

Submit the above items to one of the following:

<b>By U.S. Mail</b>	DOPL / LRF PO 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

For Questions or Other Information

**Direct:** (801) 530-6628 • **Toll-free:** (866) 275-3675 (*Utah only*) • **e-mail:** [lrf@utah.gov](mailto:lrf@utah.gov)

**Additional Requirement**

- Send a copy of this application and all attachments by certified mail, return receipt requested, to all lien claimants and the party with whom you contracted.

# APPLICATION FOR CERTIFICATE OF COMPLIANCE

**Applicant:**

Name: \_\_\_\_\_

Address of Property against which Lien was filed: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Is the address listed above the same as your mailing address? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "no," please provide your complete mailing address: \_\_\_\_\_

\_\_\_\_\_  
Tax Parcel Number (*found on your annual property tax notice*): \_\_\_\_\_

Legal Description or Lot Number (*found on the Notice of Lien*): \_\_\_\_\_

**Applicant's Attorney or Other Representative (*if applicable*):**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Original Contractor/Factory Built Housing Retailer/Real Estate Developer:**

Company Name: \_\_\_\_\_

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Original Contractor/Factory Built Housing Retailer/Real Estate Developer's Attorney  
(if applicable):**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Mechanics' Lien Holders:** Attach a copy of all notice of liens filed on your property. List all companies or individuals who have filed a mechanics' lien on your residence.

Company or Individual Name: \_\_\_\_\_

Company or Individual Name: \_\_\_\_\_

Company or Individual Name: \_\_\_\_\_

Company or Individual Name: \_\_\_\_\_

Company or Individual Name: \_\_\_\_\_

\*Note you are required to send a copy of this application and all attachments by certified mail, return receipt requested, to all lien claimants and the party with whom you contracted UTAH CODE ANN. § 38-1-11 (6) (e)

**Written Contract:**

Did you enter into a written contract? Check one

Yes. Attach a copy of the contract to this application

No. Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required documentation of licensure or exemption from licensure:**

Check which section best describes your situation & attach the supporting documentation:

Contracted with a licensed contractor:

① Attach evidence your contractor was licensed

Contracted with an exempt contractor:

① Attach evidence your contractor was exempt from licensure

Contracted with a real estate developer:

① Attach evidence the developer had ownership interest in the property

② Attach evidence the developer offered the residence for sale to the public

③ Attach a copy of the contract between the developer and a licensed contractor

Contracted with a contractor real estate developer:

① Attach evidence the contractor developer had ownership interest in the property

② Attach evidence the contractor developer offered the residence for sale to the public

③ Attach evidence the contractor developer was a licensed contractor

**Payment in Full:**

Did you pay your original contractor in full according to the terms of the written contract and any modifications to that contract?

Yes. Attach documents demonstrating payment

No. Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH**

IN THE MATTER OF THE APPLICATION  
FOR A CERTIFICATE OF COMPLIANCE  
ON THE RESIDENCE OF

AFFIDAVIT OF COMPLIANCE,  
CERTIFICATION, AND RELEASE OF  
INFORMATION

\_\_\_\_\_  
*(Homeowners' Name)*

LOCATED AT \_\_\_\_\_  
*(Address, City, and State of the property)*

\_\_\_\_\_  
\_\_\_\_\_

STATE OF UTAH                    )  
  :SS.  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, being first duly sworn state as follows:  
*(Name of person completing application)*

1. I am authorized to sign this affidavit for the homeowner described and identified in this application.
2. The information contained in this application and the supporting documents are free from fraud, misrepresentation, or omission of material fact.
3. I will ensure that any information subsequently submitted to DOPL in conjunction with this application and/or its supporting documents will meet the same standard set forth above.
4. I understand that homeowners and/or their representatives who report false information, withhold information, or present false or misleading documentation pertinent to an application in order to receive a Certificate of Compliance from the Lien Recovery Fund to which they are not entitled will be disqualified from receiving said Certificate and may be subject to both criminal prosecution and civil penalties.
5. I understand that this application will be classified as a public record and will be available for inspection by the public except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

6. Type of Residence: *(check the appropriate box)*
- Detached single family dwelling
  - Duplex (single building with two separate living units)
  - More than two living units in building
7. Date construction of the project was complete: *(check one box & fill in date)*
- Certificate of Occupancy                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Final Inspection                                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - No substantial work left to complete              Date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Original contractor was terminated              Date \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Date the residence was/will be occupied: *(check one box & fill in date)*
- Do not intend to occupy
  - Have occupied the residence since              Date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Will occupy the residence on                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_
9. How the residence is/will be used: *(check the appropriate box)*
- Owner's primary residence
  - Owner's secondary residence
  - Tenant or Lessee's primary residence
  - Tenant or Lessee's secondary residence
  - Other (explain) \_\_\_\_\_

I hereby authorize all persons, institutions, governmental agencies, employers, 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 or the Residence Lien Recovery Fund Advisory Board, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing or the Board to properly evaluate my application.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Affiant *(sign here)*                      Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)                      \_\_\_\_\_  
 Signature of Notary Public

**State of Utah**  
**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

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Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**Affidavit of Compliance**

Name: \_\_\_\_\_

Address of Property against which Lien was filed: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Is the address listed above the same as your mailing address? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "no," please provide your complete mailing address: \_\_\_\_\_

\_\_\_\_\_

Tax Parcel Number (*found on your annual property tax notice*): \_\_\_\_\_

**Checklist**

- \$30 non-refundable application fee
- Original Affidavit of Compliance
- Attach a list of all known subcontractors and suppliers
- A copy of this checklist

Submit the above items to one of the following:

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**BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH**

IN THE MATTER OF THE APPLICATION FOR A CERTIFICATE OF COMPLIANCE ON THE RESIDENCE OF  _____ (Homeowners' Name) Located at _____ City _____ Zip _____ Tax Parcel Number _____	AFFIDAVIT OF COMPLIANCE
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I, \_\_\_\_\_, being first duly sworn state as follows:

1. The information contained in this application and the supporting documents are true and correct and I will ensure that any information subsequently submitted in conjunction with this application will meet the same standard.
2. I understand that it is my responsibility to read and understand all statues and rules pertaining to my application for Certificate of Compliance.
3. I entered into an oral or written contract on \_\_\_\_/\_\_\_\_/\_\_\_\_ for service, labor, or materials with:  
 \_\_\_\_\_  
 and the general contract, including all changes and additions, totaled: \$ \_\_\_\_\_
4. The following entities have demanded payment for service, labor or materials associated with the general contract: *(attach separate sheet if needed)*  
 \_\_\_\_\_  
 \_\_\_\_\_
5. The residence is a single family dwelling or duplex and contains no more than two separate living units. [Utah Code Ann. § 38-11-102 (22)]
6. The residence is occupied by me or my tenant or lessee as a primary or secondary residence and was occupied within 180 days from the date of the completion of the construction on the residence. [Utah Code Ann. § 38-11-102 (18)]

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_  
 Signature of Affiant Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_,

(SEAL)

\_\_\_\_\_  
 Signature of Notary Public