



REQUEST FOR VERIFICATION OF LICENSURE

Please submit this form with the required \$20.00 check or money order, payable to DOPL.

- License verifications are provided in the standard format of the Division.
- Forms from other jurisdictions may be included with this request form.
- A separate form and fee are required for each request.
- Complete all fields to ensure timely processing.

LICENSE INFORMATION

Name (as it appears in our records): _____

License Number: _____ Profession: _____

Birthdate: _____ Social Security Number: _____

Qualifier Name (contractor licenses only): _____

PLEASE UPDATE THE ADDRESS IN MY LICENSING RECORD

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

STATE/AGENCY RECEIVING INFORMATION (choose mailed or emailed)

Name: _____

Please mail

Address: _____

City: _____ State: _____ Zip: _____

Please email

Email: _____

NOTE: some government agencies may not accept an emailed version of the official license verification. Please confirm that email submission is acceptable to avoid delays in processing.

I hereby authorize the Utah Division of Professional Licensing to release information relating to my license(s) to the agency listed above, including information relating to disciplinary action, suspension, or curtailment of privileges. I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature: _____ Date: _____