



## Contractor: All Classifications

### APPLICANT INFORMATION

Business Legal Name: \_\_\_\_\_

*\*Note: If you are a Sole Proprietor, this is your full legal name.*

Utah Division of Corporation  
Registration (entity) Number: \_\_\_\_\_

IRS Employee ID  
Number (EIN): \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

DBA Registration  
Number: \_\_\_\_\_

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

*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Email: \_\_\_\_\_

*Note: All Division notices and communication will be sent to this email*

Name of Local Contact for Licensing Purposes (if applicable): \_\_\_\_\_

Phone Number for Local Contact (if applicable): \_\_\_\_\_

I understand that in all areas of this application the words “you”, “I”, and “applicant” apply to the entity listed above and all subsidiaries, owners, qualifiers, and prior entities and DBA’s for which these individuals have been involved.

### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license 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 all supporting document(s) are true and correct, 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, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

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

Date: \_\_\_\_\_

Printed Name and Position of the Authorized Signer: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. ☐ Yes ☐ No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. ☐ Yes ☐ No Do you CURRENTLY have **any criminal or administrative action pending or active**?
3. ☐ Yes ☐ No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. ☐ Yes ☐ No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

If you answered "Yes" to any question, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

#### NOTE:

- DISCLOSE charges that were later held in abeyance, diverted, reduced, or dismissed.
- DISCLOSE motor vehicle offenses such as driving while impaired or intoxicated; however, you do not need to disclose minor traffic offenses such as a parking or speeding violations.
- DISCLOSE if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do NOT NEED TO DISCLOSE juvenile offenses, unless you were convicted outside of juvenile court.
- You do NOT NEED TO DISCLOSE legally expunged criminal histories.

For more information, see DOPL's [criminal history FAQs](#)

## PROFESSIONAL LICENSES

List all licenses, registrations, or certifications you currently hold, or have held, in any jurisdiction, in any profession.  
(Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

- ☐ Yes ☐ No If you have, or had an out of state Contractor license, do you have at least ONE year of experience in that jurisdiction after the license was issued?

If YES, see the checklist at the end of this application or [our website](#) for information about applying for licensure by endorsement.

## QUALIFIER INFORMATION

Qualifier's Full Legal Name:

First

Middle

Last

Residential Address:

Street Address (including Apt/Unit/Ste #) and/or PO Box

City

State

ZIP Code

Email:

SSN:

Phone:

Date of Birth:

If required for classification, DOPL individual trade license\*:

\*Electrical and plumbing classifications require the qualifier to hold the trade's master license. Elevator classification requires the qualifier to hold an elevator mechanic license.

Please Select ONE:

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above, please explain: \_\_\_\_\_

Driver License or

State ID Card:

State of Issue

ID/License Number

Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

Select Qualifier's Business Entity Position:

☐ Owner of at least 20% OR ☐ W-2 Employee in Management Position

## QUALIFIER ACCEPTANCE & CERTIFICATION

To be completed by the proposed qualifier: Initial each numbered line and sign to accept appointment as Qualifier for the applicant contractor and to certify, acknowledge, and agree that:

1. \_\_\_\_\_  
Initial here I have read and understand my responsibilities as a contractor's qualifier, in Utah Code Title 58, Chapter 55, and Utah Administrative Code R156-55. As required by Utah Code 58-55-304(4), I will always exercise material authority in the conduct of the contracting business.
2. \_\_\_\_\_  
Initial here As qualifier, it is my responsibility to make sure both myself and the contractor comply with all contractor laws and rules. Violation may result in civil, administrative, or criminal sanctions against me, the contractor's owners, and the contractor.
3. \_\_\_\_\_  
Initial here I am qualified to serve as the contractor's qualifier, for the license(s) applied for.
4. \_\_\_\_\_  
Initial here The applicant has general liability insurance as required by Utah law, which covers ALL contracting scope of work. While I am the qualifier:
  - a. \_\_\_\_\_  
Initial here I will make sure our required general liability insurance is in effect for the entire duration of active licensure;
  - b. \_\_\_\_\_  
Initial here I will always keep a copy of all general liability insurance certificates, that show the name and address of the insurance company, name and address of the insured, policy number, expiration date, and policy limits.
5. \_\_\_\_\_  
Initial here If the contractor ever has employees, or owner-workers with less than 8% ownership, I will make sure the contractor has workers' compensation insurance as required by Utah law, and always keep a copy of this information.
6. \_\_\_\_\_  
Initial here I understand the Division may request records and information anytime to determine compliance.
7. \_\_\_\_\_  
Initial here I am responsible to update the Division of any changes related to the applicant's contractor's license and my qualifications as a qualifier, including but not limited to: my status as an employee or owner, and notifying the Division if I cease association with the contractor.

I have read this entire application. All information in it and all supporting documents are true and correct, and disclose all material facts about the applicant and myself. I will update and correct this application as necessary.

Signature of Qualifier: \_\_\_\_\_

Date: \_\_\_\_\_

Knowingly making a false statement is a Class B Misdemeanor under Utah Code Section 76-8-503.

## CLASSIFICATIONS

Utah licenses contractors by “classification”, which identifies the work you can do. Some classifications require exams, experience, certifications, or that the qualifier hold specific individual licenses. All qualifications must be met before applying.

The Scope of Practice for each Trade Classification can be found in the laws and rules tab on our website

### General Classifications: *(select all that apply)*

- ☐ E-100: General Engineering
- ☐ B-100: General Building
- ☐ R-100: Residential & Small Commercial
- ☐ E-200: General Electrical \*
- ☐ E-201: Residential Electrical \*
- ☐ P-200: General Plumbing \*
- ☐ P-201: Residential Plumbing \*

\*Electrical and plumbing classifications require the qualifier to hold the individual master level license.

### Specialty Classifications:

*You may select up to three (3) from the list below.*

- ☐ : \_\_\_\_\_
- ☐ : \_\_\_\_\_
- ☐ : \_\_\_\_\_

*R-101 Residential/Small Commercial Non-Structural Remodel/Repair may NOT have any other specialty classification.*

## GENERAL TRADE CLASSIFICATIONS

E100 General Engineering Contractor	E201 Residential Electrical Contractor
B100 General Building Contractor	P200 General Plumbing Contractor
R100 Residential/Small Commercial Contractor	P201 Residential Plumbing Contractor
E200 General Electrical Contractor	

## SPECIALTY TRADE CLASSIFICATIONS

B200 Modular Unit Installation Contractor	S310 Foundation, Excavation, and Demolition Contractor
R101 Residential/Small Commercial Non-Structural Remodel/Repair	S330 Landscape & Recreation Contractor
R200 Factory Built Housing Contractor	S350 HVAC Contractor
S202 Solar Photovoltaic Contractor	S354 Radon Mitigation
S220 Carpentry & Flooring Contractor	S370 Fire Suppression Systems Contractor
S230 Masonry, Siding, Stucco, Glass, and Rain Gutter Contractor	S410 Boiler, Pipeline, Waste Water, and Water Conditioner Contractor
S260 Asphalt & Concrete Contractor	S440 Sign Installation Contractor
S270 Drywall, Paint, and Plastering Contractor	S510 Elevator Contractor
S280 Roofing Contractor	S700 Limited Scope Contractor

Some specialty classifications have additional requirements. Provide the following if you are applying for the specialty classification identified.

- ☐ **S510: Elevator Contractor:** Qualifier must hold an active Utah Elevator Mechanic license.  
Utah license number: \_\_\_\_\_.
- ☐ **S370: Fire Suppression Systems:** Requires the applicant to hold a B100 - General Building Contractor license. – **OR** – document the following:
  - o Complete a Department of Labor federally approved apprentice training program or demonstrate two years of experience under the immediate supervision of a licensee who has obtained a certification in fire sprinkler fitting; and
  - o pass the STAR Fire Sprinklerfitting Mastery examination offered by the National Inspection Testing and Certification Corporation ([NITC](#)) or an equivalent examination approved by the Division.
- ☐ **S700: Limited Scope:** Submit a detailed written explanation of the requested scope of practice.

## PRELICENSURE COURSE – ALL CLASSIFICATIONS

Each applicant's qualifier must complete an approved Prelicensure Course or meet standards in R156-55a-302f(10).

Approved Prelicensure Course providers may be found [Here](#).

Select ONE of the following and provide the appropriate documentation:

- ☐ 25-hour Prelicensure Course prior to July 01, 2019 – all classifications. *Attach copy of certificate of completion.*
- ☐ Specialty Classification: 25-hour Prelicensure Course. *Attach copy of certificate of completion.*
- ☐ General Classification: 25-hour Prelicensure Course PLUS 5-hour Business and Law Course. *Attach copy of certificate of completion.*
- ☐ Within the last 5 years the qualifier is or has been a qualifier on an active and unrestricted Utah contractor license. Utah contractor license number: \_\_\_\_\_.
- ☐ Qualifier holds an accredited construction management degree (2 or 4-year degree). *Submit official school transcripts.*
- ☐ Qualifier holds an active and unrestricted Utah professional engineer license. Utah professional engineer license number: \_\_\_\_\_.

## GENERAL CLASSIFICATIONS ONLY - EXAM

General Classification qualifier must have passed the required exam. If you are only applying for Specialty Classifications, you do not need to complete this section.

Select ONE of the following and provide the appropriate documentation.

- ☐ Pass the Utah Contractor Business and Law exam. See the [exam section](#) on the contractor page of our website for additional information. Date exam taken: \_\_\_\_\_.
- ☐ Previously identified as a qualifier on any Utah contractor license PRIOR TO May 9, 2017. Utah license number: \_\_\_\_\_.
- ☐ Previously identified as a General Classification Qualifier on a Utah contractor license at any time. Utah license number: \_\_\_\_\_.
- ☐ Applying by endorsement with ONE year of licensed experience working in another jurisdiction. See page 2 for additional information. *Submit official verification of licensure from the jurisdiction's licensing authority.*

## GENERAL CLASSIFICATIONS ONLY - EXPERIENCE

General Classification qualifier must have at least TWO years of paid experience in the construction industry, or meet standards in Utah Code 58-1-302. If you are only applying for Specialty Classifications, you do not need to complete this section.

Select ONE of the following and provide the appropriate documentation.

- ☐ Self-certification of experience: By selecting this option and signing below, I certify I have at least 4,000 hours of paid work experience in the construction industry AND have knowledge of the principles of the conduct of business as a contractor reasonably necessary for the protection of the public health, safety, and welfare.

**Signature of Qualifier:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ☐ Previously identified as a qualifier, for at least TWO years, on any Utah contractor license at any time. Utah license number: \_\_\_\_\_.
- ☐ Qualifier holds an accredited 2 or 4-year degree in Construction Management. *Submit official school transcripts.*
- ☐ Qualifier holds an active and unrestricted Utah professional engineer license. Utah professional engineer license number: \_\_\_\_\_.
- ☐ Qualifier has passed the [NASCLA Examination for Commercial General Building Contractors](#). Date of exam: \_\_\_\_\_.
- ☐ Applying by endorsement with ONE year of licensed experience working in another jurisdiction. See page 2 for additional information. *Submit official verification of licensure from the jurisdiction's licensing authority.*

## BUSINESS ENTITY INFORMATION

### Section 1: Please select entity type:

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company*            |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Liability Partnership         |
| <input type="checkbox"/> Business Trust      | <input type="checkbox"/> Limited Liability Limited Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership                   |

\*If you selected LLC above, is the applicant entity [manager-managed](#)? ☐ Yes ☐ No

## OWNERSHIP AND CONTROL

Please complete for **EACH** individual holding ownership interest and/or control of the applicant, including all governors, officers, directors, managers, members, partners, and sole proprietors. Make additional copies as needed.

Full Legal Name:

First

Middle

Last

Address:

Street Address (including Apt/Unit/Ste #) and/or PO Box

City

State

Zip

Email:

SSN:

Phone:

Date of Birth:

Position Held:

Percent of Ownership:

Will this person work in the construction trades? ☐ Yes ☐ No If yes, complete the section below:

Please Select ONE:

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above, please explain: \_\_\_\_\_

Driver License or State ID Card:

State of Issue

License Number

Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

Full Legal Name:

First

Middle

Last

Address:

Street Address (including Apt/Unit/Ste #) and/or PO Box

City

State

Zip

Email:

SSN:

Phone:

Date of Birth:

Position Held:

Percent of Ownership:

Will this person work in the construction trades? ☐ Yes ☐ No If yes, complete the section below:

Please Select ONE:

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above, please explain: \_\_\_\_\_

Driver License or State ID Card:

State of Issue

License Number

Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

## FINANCIAL RESPONSIBILITY

1. ☐ Yes ☐ No **Within the last eight years**, has the: applicant, proposed qualifier, owner, director, governor, officer, manager, member, partner, or any prior entities for which these individuals have been involved, had any **judgments, liens, tax liens**, or **child support** delinquencies levied against them?
2. ☐ Yes ☐ No **Within the last seven years**, has the: applicant, proposed qualifier, owner, director, governor, officer, manager, member, partner, or any prior entities for which these individuals have been involved, filed for **bankruptcy**?

If you answered YES to any question, submit copies of any judgments or tax liens and evidence of payment in full or that you are currently in an approved payment plan.

**Note:** A bond may be required. Information on bond criteria and amounts is in the statute and rules available on our website at: [www.dopl.utah.gov/contracting/](http://www.dopl.utah.gov/contracting/)

## EMPLOYEES

Please select ONE:

- ☐ The applicant **HAS EMPLOYEES or OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP**. Submit a copy of the following:
1. ☐ [Workers' Compensation Certificate](#).
  - AND -
  - 2a. ☐ [Workforce Services Unemployment Insurance Registration No.:](#) \_\_\_\_\_  
☐ [Utah State Tax Commission Withholding Tax Account No.:](#) \_\_\_\_\_  
\* If exempt from Utah withholdings by doing business in Utah for 60 days or less, submit written exemption approval from the Utah Tax Commission.
  - OR -
  - 2b. ☐ Signed contract with an approved [Professional Employer Organization \(PEO\)](#).
- ☐ The applicant does **NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES**.  
If the applicant later hires employees, I certify that I will notify the Division in writing with the above information, BEFORE work is performed. Submit [Workers' Compensation Coverage Waiver](#) from the Utah Labor Commission.

## GENERAL LIABILITY INSURANCE

**All licensees MUST have General Liability Insurance.** The Certificate of Insurance MUST have the following:

- Minimum coverage is **\$100,000 for each incident and \$300,000 in total**.
- DOPL's name and address as the certificate holder: DOPL, 160 E 300 S, P.O. Box 146741, Salt Lake City, Utah 84114.
- Policy covers all your scope of work for the license, for the entire duration of active licensure.

**Note:** Exclusions in your insurance policy that limit the coverage and do not cover all the scope of work that you perform may result in disciplinary action against your business, qualifiers, and owners, including but not limited to: fines, suspension, or revocation.

## THIRD – PARTY DISCLOSURE AUTHORIZATION (Optional)

To authorize DOPL to speak with someone outside your company about this application, complete this authorization.

I hereby authorize the Division to communicate with \_\_\_\_\_ ("Third Party") concerning this application, any information submitted with or missing from this application, and authorize and consent to the disclosure to the Third Party of any of the contents, information, communications, and material in this application or related to this application.

I certify that I am authorized to sign on behalf of the applicant. **I declare under criminal penalty under the law of Utah that the foregoing is true and correct.**

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

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

*Knowingly making a false statement is a Class B Misdemeanor under Utah Code 76-8-503.*



## APPLICATION CHECKLIST AND INSTRUCTION

*This checklist is for your convenience; you do not need to include it with your application. **NOTE: Incomplete applications may result in processing delays or denial.***

Your application is classified as a public record and may be available for inspection by the public, except for information sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### ALL APPLICANTS

The following items are required to complete your application:

- ☐ Non-refundable application processing fee made payable to "DOPL".

Please use the following table to determine the fees based on your application:

Total Number of Qualifiers \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

Total Number of Classifications \_\_\_\_\_ x \$175.00 = \$ \_\_\_\_\_

Electronic Reference Library Surcharge (*see below*):

**Total\* Application Processing Fee : \$ \_\_\_\_\_**

\* Add all amounts for Qualifier, Classification, and Surcharge to determine total required fee to submit with the application.

- ☐ Supporting documentation for any "yes" answers provided on the Qualifying Questionnaire (page 2), or the Financial Responsibility Questionnaire (page 7).
- ☐ Documentation of meeting the Prelicensure Course requirement (page 5).
- ☐ If the applicant entity is unincorporated, **and** you have one or more owners owning less than 8%, complete [Appendix G](#) which can be found on the contractor page of DOPL's website under "additional forms". Submit an additional \$20 registration fee for each owner owning less than 8% (in addition to the fees above).
- ☐ If the applicant entity is unincorporated and owned in whole or in part by an individual or multiple individuals, you must complete the Ownership and Control section (page 6) for EACH individual holding ownership and/or control, including all: governors, officers, directors, managers, members, partners, and sole proprietors.
- ☐ If the applicant entity is owned in whole or in part by a trust, submit a copy of the trust agreement.
- ☐ If the applicant entity is owned by a parent company, provide documentation showing the ownership, including a diagram, if ownership is layered.
- ☐ Supporting documentation for the Employee selection (page 7).
- ☐ General Liability Insurance Certificate (page 7).

**Electronic Reference Library Surcharge:** The Division must collect a surcharge on each application to provide licensees access to an electronic reference library with web-based access to national, state, and local building codes and standards. To request access once your license is issued, please email [b4@utah.gov](mailto:b4@utah.gov).

### GENERAL CLASSIFICATION APPLICANTS

In addition to the items required for all applicants, submit:

- ☐ Supporting documentation for qualifier education and experience as required by the classifications you are applying for (page 5).
- ☐ Documentation of meeting the Utah Business and Law exam requirement (page 5).

### APPLICANTS APPLYING BY ENDORSEMENT

If you are currently licensed as a Contractor in a jurisdiction determined equivalent to Utah, and you have a minimum of ONE year of experience with that license, you may apply for licensure by endorsement. For information on approved jurisdictions, click [here](#). Foreign credentialed applicants should contact the licensing board at: [b4@utah.gov](mailto:b4@utah.gov)

In addition to the items required for all applicants, submit:

- ☐ Official verification of your out-of-state license(s) that includes ownership information\*.

\*At least 50% of the ownership proposed for the Utah license must be the same as the ownership of the license used for endorsement. Additionally, no more than 50% of the ownership may have changed within the last year.

Submit your completed application in person or by mail to:

#### **In-person or express delivery:**

Division of Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

#### **U.S. Postal Service:**

Division of Professional Licensing  
P.O. Box 146741  
Salt Lake City, UT 84114-6741

**NOTE:** Do not email or fax your application