

Affirmation of Exemption from Contractor Licensure (Handyman Exemption)

APPLICANT INFORMATION

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

Utah Division of Corporations Registration Number: _____

IRS Employee ID Number (EIN): _____

DBA(s) if applicable: _____

DBA Registration Number(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

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

Contact Person: _____
First Middle Last

Phone: (_____) _____ - _____ Email: _____

AFFIDAVIT AND RELEASE

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, officers, managers, qualifiers and prior entities for which these individuals have been involved.

I certify that I am qualified in all respects for the exemption from licensure for which I am applying in this application.

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.

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.

I understand that it is the continuing responsibility of applicants and registrants 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.

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.

I understand that I am responsible to update the Division of any changes relating to my exemption from licensure/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title/Position: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit commerce.utah.gov/dopl/records/

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

Legal Business Name: _____

GENERAL LIABILITY INSURANCE

All contractors are required to maintain active general liability insurance with the Utah Division of Professional Licensing listed as the certificate holder. Please provide the following information regarding your current policy.

Policy Number: _____ Expiration Date: _____
Policy Amount Each Occurrence: \$ _____ Policy Amount Total (Aggregate): \$ _____
Insurer Affording Coverage: _____
Insurance Producer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____ Email: _____

Please also submit a copy of your current, active General Liability Insurance Certificate with DOPL's name and address (listed below) as a certificate holder. Minimum coverage is \$1,000,000 for each incident and \$3,000,000 in total and must cover all your scope of work for the license, for the entire duration of active licensure in compliance with [Utah Admin. Rule R156-55a-302d](#).

DOPL
160 E 300 S
PO Box 146741
Salt Lake City, Utah 84114

CONSTRUCTION BUSINESS REGISTRY

(Optional)

If you would like to provide contact information for the [Construction Business Registry \(CBR\)](#), please enter the contact information you would like to provide to the PUBLIC for the CBR. Please make sure all contact information is correct and up to date.

Please ONLY provide below, the information that you want publicly available on the Construction Business Registry:

Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____ Email: _____

I understand by providing information above, I opt-in to provide my contact information to the public for the Construction Business Registry (CBR) at my own risk. I certify that the information provided above is true and correct, and I understand that I am responsible to update the Division of any changes relating to my license/certification/registration. I understand that I can opt-in or opt-out of providing my contact information for the CBR at any time, and I can update my contact information at any time. See [Utah Code § 58-55-702](#).

Note: Non-protected license/registration information will automatically be included on DOPL's online verification website.

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.

Authorized Signer: _____ Date: _____

Printed Name: _____ Title _____

Knowingly submitting a false statement is a Class B Misdemeanor under Utah Code [Utah Code § 76-8-504](#).

SOLE PROPRIETERS

SSN: * _____ All Previous Legal Names: _____
* If you don't have a social security number, please follow the instructions on the last page.

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

EMPLOYEES

Please select ONE:

- The applicant **DOES NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES***.
 Submit [Workers' Compensation Coverage Waiver](#) from the Utah Labor Commission.
* If the applicant later hires employees, the applicant must notify the Division in writing with the above information, BEFORE work is performed.
- The applicant **HAS EMPLOYEES** or **OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP**.
YOU MUST SUBMIT the following:
 - o [Workers' Compensation Certificate](#).
 - o [Workforce Services Unemployment Insurance Registration No.:](#) _____
~AND~
 - o ***Utah State Tax Commission Withholding Tax Account No.:** _____
* If exempt from Utah withholdings by doing business in Utah for 60 days or less, submit your Employer Withholding Exemption from the [Utah Tax Commission](#) and provide the state tax withholding registration number from the state where your company is located. If that state does not have withholding tax, please submit a letter of explanation.
 - o ~OR~
 - o Signed contract with an approved [Professional Employer Organization \(PEO\)](#).

AFFIRMATION

I certify that I have read and understand the limitations of the exemptions in [Utah Code 58-55-305](#) and [Utah Administrative Code R156-55a-305](#), including that a person engaged in the alteration, repair, remodeling, or addition to or improvement of a building with a contracted or agreed value of less than \$7,000, including both labor and materials, and including all changes or additions to the contracted or agreed upon work and if the total value of the project is greater than \$3,000, the person shall file with the division a one-time affirmation, subject to periodic reaffirmation as established by division rule, that the person has public liability insurance in coverage amounts and form established by division rule and if applicable, workers compensation insurance which would cover an employee of the person if that employee worked on the construction project. I further certify that once granted this exemption, I will limit any work performed to activities exempted from licensure, including entering into a contract with a licensed Utah contractor.

I understand I must maintain liability insurance and applicable worker compensation insurance for the duration of the exemption granted. I understand that I must renew this exemption with the Division prior to the expiration date and demonstrate I maintained insurance coverage as required by law.

I understand it is unlawful conduct for an unlicensed person, including those with affirmation of exemption (handyman), to use the term contractor, builder, plumber, electrician, alarm system installation, mechanical work or similar words that may imply that an entity or person will do work that only a licensed contractor, plumber, electrician, or alarm system installer can perform. All affirmations of exemption which contain such inappropriate words in the name will be denied.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

CHECKLIST

NOTE: Incomplete applications will be denied.

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

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Admin. Code R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

The following items are required to complete your application:

- \$45.00 non-refundable application processing fee, made payable to "DOPL"
- General liability insurance certificate (page 3).
- Supporting documentation for the employee selection (page 4).

Submit completed application with applicable fees to:

In person or via express delivery:

Division of Professional Licensing
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions, please send them to our email address, b4@utah.gov or via the phone number listed below.

Applications are not accepted by email.