Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Health Care Services Platform
Notification of Change to Registration Information

Platform Business Name: _____

Registration Number: _____

Website Domain: _____

Select all that apply

☐ **Change of Business Name** ***effective date:*** _____

☐ **Change of Website Domain Name** ***effective date:*** _____

☐ **Change of Contact Person** ***effective date:*** _____

☐ **Change of Address, Phone, or Email** ***effective date:*** _____

NEW REGISTRATION INFORMATION

Platform Business Name: _____

Website Domain: _____

DBA(s) *if applicable*: _____

Address: _____

City: _____ State: _____ Zip: _____

Location Phone: (_____) _____ – _____ Email: _____

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

Contact Person: _____ _____ _____
First *Middle* *Last*

Contact Phone: (_____) _____ – _____ Email: _____

ACKNOWLEDGEMENT:

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Professional Licensing through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

Authorized Signer: _____ Date: _____

Printed Name and Title/Position: _____