

## Licensed Utah Contractor Application to: Activate Inactive License

### LICENSEE INFORMATION

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

Utah Contractor License Number \_\_\_\_\_

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

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

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 license 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 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.

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 license/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/](https://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: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

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

1. <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>disciplined in any way</b> ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have <b>any criminal action active or pending</b> ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	WITHIN THE PAST 10 YEARS, have you pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a <b>misdemeanor</b> in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a <b>felony</b> in any jurisdiction?

If you answered "Yes" to any of the above questions, 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)**

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- 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:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

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



## BUSINESS ORGANIZATION

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

EIN: \_\_\_\_\_ Business Registration Number: \_\_\_\_\_

**Please select entity type:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Business Trust</li> <li><input type="checkbox"/> Corporation</li> <li><input type="checkbox"/> General Partnership</li> <li><input type="checkbox"/> Limited Liability Company</li> <li><input type="checkbox"/> Limited Partnership</li> <li><input type="checkbox"/> Limited Liability Partnership</li> <li><input type="checkbox"/> Other _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Sole Proprietorship<br/><i>For Sole Proprietorships, please include all of the owner's information on page 5.</i></li> </ul> |
|---|--|

Yes  No Is the business entity identified above owned in whole or in part by a business entity (parent company)?

Yes  No Is the business entity identified above owned in whole or in part by a trust?

## FINANCIAL RESPONSIBILITY

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?

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 above, please 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:** Prior to issuing the license, a bond may be required. Information about bond criteria and amounts is in the statute and rules available on [our website](#) or See [Utah Code § 58-55-306](#) and [Utah Admin Rule R156-55a-602](#)

## 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:

- [Workers' Compensation Certificate.](#)
- [Workforce Services Unemployment Insurance Registration No.:](#) \_\_\_\_\_  
~AND~
- [\\*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.*

~OR~

- Signed contract with an approved [Professional Employer Organization \(PEO\)](#).

### 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](#).*

## APPLICATION CHECKLIST AND INSTRUCTIONS

*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 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.

The following items are required to complete your application:

- \$50.00 non-refundable application-processing fee, made payable to "DOPL".
- Complete 6 (six) Hours of [Continuing Education](#). See [Utah Code § R156-55a-303b](#)
- If you were required to have a contractor's bond before the license was inactive, please provide a new unexpired bond or submit a [Bond Release Request Application](#) to determine if you are eligible to be released from the bond requirement.
- Supporting documentation for the Employee selection (page 4).
- General Liability Insurance Certificate (page 5).

**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](mailto:b4@utah.gov) or via the phone number listed below.

***Applications are not accepted by email.***