Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Certification of Training

APPLICANT INFORMATION *(to be completed by the applicant)*

Applicant Name: _____ _____ _____ DOB:_____
First *Middle* *Last*

Address: _____ City: _____ State: _____ Zip: _____

BAIL BOND TRAINING PROGRAM (to be completed by the Authorized Trainer)

Required for ALL license types

Program Name:_____

Name of Trainer: _____ Trainer Email: _____

Total Course Hours: _____ Exam Score%: _____

Date Course Completed: _____

Bail Bond Trainer Attestation

I declare under criminal penalty under the law of Utah that this information is true and correct and the applicant has successfully completed a Bail Bond Training Program as required under Utah Code 58-93-306.

Signature of Authorized Trainer: _____ Date: _____

Printed Name: _____

FIREARM – INTENT TO CARRY

Does the named applicant intend to carry a firearm as a licensee? ☐ Yes ☐ No

If yes, complete the next section and provide a copy of your valid permit to carry concealed.

FIREARMS TRAINING (to be completed by the Authorized Trainer)

Required if you intend to carry a firearm

Program Name:_____

Name of Authorized Trainer: _____Trainer Email: _____

Total Classroom Hours: _____ Score%: _____ Date Classroom Completed: _____

Total Range Hours: _____ Score%: _____ Date Range Completed: _____

Firearms Trainer Attestation

I certify that the above-named applicant has successfully completed a Division Approved Firearms Training Program, as required under Utah Code 58-93-306.

Signature of Authorized Trainer: _____ Date: _____

Printed Name: _____