

PRIVATE INVESTIGATIONS AGENCY

APPLICANT INFORMATION

Private Investigation Agency Name: _____

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

Corporations Registration Number: _____

Registered DBA(s) if applicable: _____

IRS Employer Identification Number (EIN): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

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

Controlling P.I. Agent: _____
First Middle Last

Controlling P.I. Agent License Number: _____

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, Private Investigator Agents in Control, and prior entities for which these individuals have been involved.

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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 Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department 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 understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

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 <https://dopl.utah.gov/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. ☐ 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 action active or pending**?
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 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**
- **police report(s)**
- **court record(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](#)

AGENT IN CONTROL DECLARATION

Answer each question:

I declare under criminal penalty under the law of Utah that the information in this form, including in any additional pages and attachments, is true and correct.

I acknowledge that a private investigation agency license may not transfer from the private investigator agent that receives the license to another private investigator agent.

Signature of Agent in Control: _____ **Date:** _____

Printed Name: _____

INSURANCE – BOND – EMPLOYEES

All licensees are required to maintain active general liability insurance in the amount of \$500,000 and carry a \$10,000 surety bond. All licensees with employees are required to document workers' compensation and unemployment insurance.

General Liability Issuer: _____ Policy Number: _____

Surety Bond Issuer: _____ Bond ID Number: _____

Does this applicant have or intend to hire employees? ☐ Yes ☐ No

If Yes, complete the following:

Workers' Compensation Policy Number: _____ Expiration Date: _____

Unemployment Insurance (UI) Number : _____ Expiration Date: _____

Utah State Tax Commission Withholding Tax Account No: _____

– or –

Provide a copy of your signed contract with an approved Professional Employer Organization (PEO).

If No, complete the following:

Workers' Compensation Waiver Identification Number: _____

Please submit a copy of your active General Liability Insurance Certificate with "DOPL" named as the Certificate Holder and a copy of your surety bond with your application.

APPLICATION CHECKLIST AND INSTRUCTIONS

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 \(3\)\(k\)](#)).

ALL APPLICANTS

The following items are required to complete your application:

- ☐ \$215.00 non-refundable application processing fee.
- ☐ Supporting documentation for any “yes” answers provided on the “Qualifying Questionnaire”.
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- ☐ Valid Certificate of Liability Insurance with “DOPL” named as the Certificate Holder
- ☐ Valid Proof of Surety Bond
- ☐ Workers’ Compensation Insurance Information or Waiver Information.
- ☐ Unemployment Insurance Information
- ☐ Copy of signed Professional Employer Organization (PEO) contract (if applicable).

If you have questions, please send them to our email address, b6@utah.gov or via the phone number listed below.

Return completed application 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

We recommend submitting your application online. Applications are not accepted by email.