Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

BAIL BOND AGENCY

APPLICANT INFORMATION

Bail Bond 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.

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, Qualifying Agents, 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: _____

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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: _____

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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.

OWNER / QUALIFYING AGENT AFFIDAVIT

I declare under criminal penalty under the law of Utah that none of the officers, owners, proprietors, trustees, or responsible management personnel:

- Have been convicted of a felony, an act involving illegal weapons, personal violence (or threat of violence), dishonesty or fraud, or impersonating a peace officer.
- Are currently on probation, parole, community supervision, or named in an outstanding arrest warrant.

Signature of Representative: _____ Date: _____

Printed Name and Position: _____

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BUSINESS ORGANIZATION

Business Name: ______________________ DBA: ______________________

Business Registration Number: ______________________

Business Entity Type (e.g Corporation, LLC, Sole Proprietorship): ______________________

SOLE PROPRIETORSHIP APPLICANTS ONLY

Full Legal Name: ______________ ______________ ______________
First *Middle* *Last*

All Previous Legal Names: ______________________

Other DOPL Licenses Held: ______________________

SSN:* ______________________ Date of Birth: ______________
** 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 *License Number* *Expiration Date*

NOTE: *If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.*

BUSINESS OWNERSHIP AND CONTROL

Please complete the following information for all officers, directors, shareholders owning more than 5% of the stock of the company, partners, proprietors and responsible management personnel. Please make additional copies as needed for owners.

Full Legal Name: ______________ ______________ ______________
First *Middle* *Last*

SSN:* ______________ Date of Birth: ______________ Gender: ☐ Male ☐ Female
** If you don't have a social security number, please follow the instructions on the last page.*

Mailing Address: ______________________

City: ______________ State: ______________ Zip: ______________

Phone: (_____) ______ – ________ Email: ______________ Percent of Ownership: __________

Full Legal Name: ______________ ______________ ______________
First *Middle* *Last*

SSN:* ______________ Date of Birth: ______________ Gender: ☐ Male ☐ Female
** If you don't have a social security number, please follow the instructions on the last page.*

Mailing Address: ______________________

City: ______________ State: ______________ Zip: ______________

Phone: (_____) ______ – ________ Email: ______________ Percent of Ownership: __________

Full Legal Name: ______________ ______________ ______________
First *Middle* *Last*

SSN:* ______________ Date of Birth: ______________ Gender: ☐ Male ☐ Female
** If you don't have a social security number, please follow the instructions on the last page.*

Mailing Address: ______________________

City: ______________ State: ______________ Zip: ______________

Phone: (_____) ______ – ________ Email: ______________ Percent of Ownership: __________

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QUALIFYING AGENT INFORMATION

BAIL AGENCY INFORMATION

Business Name: _____

Bail Agency License number: (*if available*) _____

QUALIFYING AGENT INFORMATION

Full Legal Name: _____ _____ _____
First *Middle* *Last*

All Previous Legal Names: _____

SSN:* _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
** If you don't have a social security number, please follow the instructions on the last page.*

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____– _____ Email: _____

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's License or State ID Card: _____ _____ _____
State of Issue *Driver License Number* *Expiration Date*

NOTE: *If you do not hold a US Driver's License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.*

☐ Yes ☐ No Do you hold an active Utah license as a Bail Enforcement Agent or Bail Recover Agent?

License Number: _____

Qualifying Agent's association with Bail Agency:

☐ Owner ☐ Director ☐ Partner ☐ W-2 Employee in Management Position

QUALIFYING AGENT QUESTIONNAIRE

Answer each question

1.	☐ Yes ☐ No	Are you a resident of Utah?
2.	☐ Yes ☐ No	Do you exercise material day-to-day authority in the conduct of the applicant's business by making substantive, technical, and administrative decisions?
3.	☐ Yes ☐ No	Is your primary employment with the applicant?
4.	☐ Yes ☐ No	Are you currently acting as a Qualifying Agent or employee of another bail agency?
5.	☐ Yes ☐ No	Are you involved in any activity that would conflict with the Qualifying Agent's duties and responsibilities?
6.	☐ Yes ☐ No	Are you an employee of a government agency?
7.	☐ Yes ☐ No	Are you employed as a peace officer?

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.

Signature of Qualifying Agent: _____ Date: _____

Printed Name: _____

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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 Coverage Waiver ID 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.

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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:

- ☐ $250.00 non-refundable application processing fee
- ☐ Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire" or the "Qualifying Agent Questionnaire", *page 3*
- ☐ 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 (if applicable)
- ☐ Copy of signed Professional Employer Organization (PEO) contract (if applicable)

If you have questions, please contact the Division at 801-530-6628 or by email at b6@utah.gov.

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

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