Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

☐ Bail Enforcement Agent
☐ Bail Recovery Agent

APPLICANT INFORMATION

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

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

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

AFFIDAVIT AND RELEASE

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.

Signature of Applicant: _____ Date: _____

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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.

Signature of Applicant: _____ Date: _____

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QUALIFYING QUESTIONNAIRE

Read thoroughly and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, 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 administrative or 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 questions 1, 2, 3, or 4, above, upload complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to questions **regarding any misdemeanors or felonies** in any jurisdiction 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, 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.

PROFESSIONAL LICENSES

Do you currently hold, or have you ever held, a license, certification, or registration to practice any occupation or profession in Utah or any other jurisdiction? *Use additional sheets if necessary.*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

If you identified a **Bail Bond Agent** license above, please answer the following:

☐ Yes ☐ No Have you engaged in at least one year of experience in the jurisdiction where the license was issued?

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CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement. Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ Date: _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: https://www.fbi.gov/services/cjis/identity-history-summary-checks. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: https://bci.utah.gov/criminal-records/criminal-records-forms/, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

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Verification of Bail Industry Experience

Note: *If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.*

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

Full Legal Name: _____ _____ _____
First Middle Last

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

License Number: _____ State of Issue: _____

Is the applicant currently employed as a peace officer? ☐ Yes ☐ No

VERIFICATION OF EXPERIENCE *(to be completed by the employer)*

Agency Name: _____

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

Phone: (_____) _____ – _____ Fax: (_____) _____ – _____

Supervisor _____ _____ License Number: _____
First Last

Phone: (_____) _____ – _____ Email: _____

Employment Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Total Hours of All Paid Experience: _____

Is the applicant currently employed with the company? ☐ Yes ☐ No

If "No", is the applicant re-hirable with the company? ☐ Yes ☐ No

Please detail the character and nature of the experience:

_____

_____

_____

_____

_____

Note: Bail Enforcement Agents are required to have a minimum of 2,000 hours of experience. Bail Recovery Agents are required to have a minimum of 1,000 hours of experience.

By signing below, I certify that the applicant named above was employed at the above-named agency for the time listed.

I declare under criminal penalty under the law of Utah that this information is true and correct.

Signature of Supervisor: _____ **Date:** _____

Printed Name: _____

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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: _____

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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 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:

- ☐ $195.00 non-refundable application-processing fee, made payable to "DOPL"
- ☐ Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire" on Page 3
- ☐ Completed Verification of Experience form, page 5
- ☐ Completed Certification of Training form, page 6
- ☐ Verification of a Surety Bond in the amount of $10,000
- ☐ Passport photo taken within the last 6 months. Digital submission is preferred; if a physical photo is provided, it should have your name written clearly on the back of the photo
- ☐ Copy of your valid driver license or state-issued identification card
- ☐ Copy of your valid Concealed Firearm Permit – if applicant intends to carry a firearm
- ☐ Fingerprinting: see below

FINGERPRINTING NOTE: You will be required to provide your fingerprints before your application can be fully processed. Your fingerprints will be used by DOPL for a fingerprint-based background check through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). An email with required authorization and location information for approved Live Scan fingerprinting vendors will be emailed to you 1-3 days after we receive a complete application. Please see our website, www.dopl.utah.gov/fingerprints.html, for more information.

Existing DPS Licensees: Applicants holding an active license in good standing issued by DPS may waive the experience and training requirements, provided the requested classification matches their current license. Please provide a copy of your unexpired license with your application.

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.

Submit completed application to the Division:

By US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111