Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Constable Association

Required for all Deputy Constable Applicants

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

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

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

DIRECTING CONSTABLE INFORMATION *(to be completed by the Directing Constable)*

Name of Directing Constable: _____

Constable License Number: _____

Phone: (_____) _____ – _____ Email: _____

Signature of Constable: _____ Date: _____

ATTESTATION

I certify that I will only act under the direction of the Constable named above while acting as Deputy Constable.

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

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____