Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Constable Contracts

Required for all Constable Applicants

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

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

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

Is the applicant currently under contract with a governmental entity? ☐ Yes ☐ No

GOVERNMENTAL ENTITY CONTRACTS

List all governmental entity contracts held by applicant *(make additional copies as needed)*:

Name of Governmental Entity: _____

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

Phone: (_____) _____ –_____ Email: _____

Contract Start Date: _____ End Date: _____
MM/DD/YYYY *MM/DD/YYYY*

Name of Governmental Entity: _____

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

Phone: (_____) _____ –_____ Email: _____

Contract Start Date: _____ End Date: _____
MM/DD/YYYY *MM/DD/YYYY*

Name of Governmental Entity: _____

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

Phone: (_____) _____ –_____ Email: _____

Contract Start Date: _____ End Date: _____
MM/DD/YYYY *MM/DD/YYYY*

ATTESTATION

Applicant understands that they are required to notify the Division, in writing, within five (5) business days of contract termination, and within ten (10) business days of entering into a new contract.

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

Signature: _____ Date: _____

Printed Name: _____ Title: _____