

Application for Prelicensure Criminal History Determination
– DO NOT USE if you are licensed or applying for a license –

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

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

City State ZIP Code

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 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

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, 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.
3. 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 Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

QUALIFICATIONS FOR LICENSURE

License type you are requesting determination for: _____

Note: You must submit a separate application for each license type.

Indicate below the qualifications for licensure that you **HAVE** completed:

Indicate below the qualifications for licensure that you **have NOT yet** completed (please indicate if any are in progress):

Please provide a brief explanation of your expected timeline to complete any remaining requirements for licensure.

If you are unsure what qualifications are required for this license, please review the statutes and rules, as well as the applications for licensure available on our [website](#).

CRIMINAL HISTORY DISCLOSURE STATEMENT

Complete a separate form for EACH charge, plea, or conviction.

Keep in mind, only the incidents submitted with this application will be considered.

Omissions either intentional or unintentional may invalidate a determination.

Full Legal Name: _____
First Middle Last

Name at time of incident (if different): _____

Arresting Agency: _____

Court Name and Location: _____

Plea/Conviction Date: _____ Case/Docket Number: _____

Please describe in detail all initial charges, and any pleas entered (including pleas in abeyance), and final result. Attach additional pages if needed:

Sentence Imposed: _____

Incarceration Date: _____ Release Date: _____

Probation/Parole Start Date: _____ Probation/Parole Completion Date _____

Probation Officer/Parole Agent: _____

Probation Officer Phone: _____ Probation Officer Email: _____

ATTACHMENTS

The following items must be attached to this form:

Personal Narrative about the incident:

Describe the incident, and explain any changes you have made in your life since the incident that may assist the Division in understanding your rehabilitation efforts. The narrative must be in your own words. However, you may attach any additional documents and information that you want the Division to review, such as:

- completion of or active participation in rehabilitative drug or alcohol treatment
- completion of sentences, time elapsed since the offense with no new relevant criminal history
- testimonials and letters of recommendation from other individuals, such as a progress report from your probation or parole officer, or letters from your employers or teachers
- completion of education and training, education/training achievements
- favorable/steady employment history
- any other information that would favor granting you a license.

Police Reports

Court Records

At minimum, obtain a complete court docket. Additional items, such as sentencing, evaluations, etc. may also be included. If you were ordered to pay fines or restitution, the court documents **must** include payment details.

Probation/Parole Officer Reports (if applicable).

If you were ordered to complete "court monitored probation", include documents proving your completion.

If you are unable to obtain any of the records, you must submit documentation on official letterhead from the police or court indicating that the information is not available.

If you do not submit a required item with your application, your application is considered incomplete.

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

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.

The following items are required to complete your application:

- \$50.00 non-refundable application-processing fee, made payable to "DOPL".
- Complete Criminal History Disclosure Statement for **EACH** charge
- Personal Narrative, Police Reports, Court Records, and Probation/Parole Officer Records for **EACH charge.**

The Division's determination is based solely on the information you provide with your application. Any misrepresentations, or intentional or unintentional omissions, may invalidate your determination.

Submit the above items with your completed Prelicensure Criminal History Determination Application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

NEXT STEPS:

Within 30 days of the day the Division receives your COMPLETE Application for Criminal History Determination, the Division will provide you a written determination as to whether your criminal record would disqualify you from obtaining the license you identified, even if you were to complete all other licensing requirements.

If your Application is incomplete, you will receive notice of the deficiencies that includes a deadline to reply. If you do not reply by the deadline, your Application will be denied (this means your Application will not be considered, and no determination will be made). If you choose to begin the process again, you will be required to submit a new application with all required documents, and pay the new \$50.00 application-processing fee.