

### Application for Criminal History Determination

#### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

License type you are requesting determination for: \_\_\_\_\_  
*Note: You must submit a separate application for each license type.*

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 legal presence in the United States.

#### AFFIDAVIT AND RELEASE

1. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) is true and correct, and discloses all material facts. I agree to update or correct my application as necessary, prior to any action on my application.
2. I understand that a determination, whether favorable or unfavorable, is based on the statutory authority and administrative rules governing the license type identified above at the time of my application. Future changes in licensing laws may impact the determination made.
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 and agree that the Division's decision on my application will be based **solely upon the information that I provide** with my application, and is specific to the license type identified above. I understand and agree that any misrepresentations, and any intentional or unintentional omissions, may invalidate the determination.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

## QUALIFICATIONS FOR LICENSURE

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

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

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

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*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 at [www.dopl.utah.gov](http://www.dopl.utah.gov).*

**CRIMINAL HISTORY DISCLOSURE STATEMENT**

**Complete a separate form for EACH arrest, 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 arrest (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 any pleas in abeyance), and the final result if reached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**  
Please attach a personal narrative addressing the incident. Please include an explanation of any changes you have made in your life since this incident that may assist the Division in understanding rehabilitation efforts. The narrative must be in your own words. However, you may attach any additional documents you wish the Division to review, such as records showing steady employment, educational achievements, letters of recommendations, etc.
- Police Reports**
- Court Records**  
At a minimum, please 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", please ensure documents indicating completion are included in the court records requested above.

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

If you fail to include any of these items 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.**

**Please note:**

Within 30 days of the day on which the Division receives a completed Application for Criminal History Determination from an individual, the Division shall provide a written determination to the individual of whether the individual's criminal record would disqualify the individual from obtaining the license identified in the Application even if the individual were to complete all other licensing requirements.

If your application received by the Division is deemed incomplete, you will receive notice of the deficiencies which includes a deadline to reply. If you do not reply by the deadline, your application will be denied. Should you choose to begin the process again, you will be required to resubmit all documents, including a \$50.00 application fee.

Submit the above items with your completed application to:

**In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> 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