Department *of* Commerce
Division *of* Professional Licensing

Bond Release Request Application

LICENSEE INFORMATION

Contractor Business Name: _____

**Note: If you are a Sole Proprietor, this is your full legal name.*

Utah Contractor License Number: _____

IRS Employee ID Number (EIN): _____

DBA(s) *if applicable*: _____

Phone: (_____) _____ – _____ Email: _____

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

BOND RELEASE QUESTIONNAIRE

☐ Yes ☐ No **If you were required to carry a bond due to a Bankruptcy filing, has it been more than 3 years from the date your Bankruptcy was filed?**
Please provide your bankruptcy closing documents.

☐ Yes ☐ No **Have all Judgments, Tax Liens, Child Support Liens been paid in full and/or satisfied with the courts?**
Please provide documentation of payment in full. Acceptable documentation would include proof of payment from a court or creditor, such as an **Order of Satisfaction** or a receipt that establishes the debts have been satisfied.

☐ Yes ☐ No **Do you now have payment arrangements with each outstanding creditor?**
You may submit payment arrangements for consideration to be released from the Bond. We may be able to propose a probationary license if you provide evidence that you have made an agreed upon payment arrangement with each creditor, and that you are current with the agreed payment schedule. Please be advised that your payment arrangement with each creditor must result in a resolution of the debt within a reasonable time. Please also be aware that a creditor is not obligated to agree to a repayment agreement.

Note: *Cancelling your bond without permission from the Division may result in disciplinary action up to and including revocation of your license.*

AFFIDAVIT AND RELEASE

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

Signature of Applicant: _____ Date: _____

Submit completed application to:

In person or via express delivery:
Division of Professional Licensing
160 E 300 S
Salt Lake City, UT 84111

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

Via email:
B4@utah.gov

If you have questions, please send them to our email address, b4@utah.gov or via the phone number listed below.

After review, the Division may require additional documentation from the applicant.

If you have questions, please contact the Division at 801-530-6628 or by email at b4@utah.gov.

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 commerce.utah.gov/dopl/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.

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

Legal Business Name: _____