



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

PRIVATE NON PROFIT INSTITUTION APPLICATION FOR EXEMPTION

Registration fee: \$1,500 (Non-refundable)

Applicant's Name

(This should be the legal name of institution that is registering.)

DBA If applicable

Date of Application

OFFICE USE ONLY

Date Issued: _____

Exempt: _____

Denied: _____

Withdrawn/Dissolved: _____

If you have any questions, please contact the Division at (801) 530-6601.

Please make application fee payable to the **State of Utah**

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
Box 146704
Salt Lake City, Utah 84114-6704

1) Applicant's Name: _____

2) Applicant's Address (Physical Location of School):

Name

Street Address

City

State

Zip Code

Telephone Number

Fax Number

3) Mailing Address:

Name

Street Address

City

State

Zip Code

Telephone Number

Fax Number

Website or web address homepage: _____

4) Contact Person: _____

Name

Telephone Number

Email Address

5) Does the applicant operate at other sites than the address stated above? Yes No

A) If "yes", a separate application for each physical campus operating in Utah must be filed.

6) Provide documentation that shows written confirmation that the applicant has been in continuous operation for at least 20 years. (Examples: Corporation records, an IRS 501(c)(3) exemption letter, Articles of Incorporation, etc.)

The undersigned acknowledges that Applicant is required to notify the Division within thirty (30) days of a material change in circumstances which may affect its certificate of registration with the Division. The undersigned acknowledges that Applicant has been in continuous operation for at least twenty (20) years. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein is true and correct.

DATED: _____

APPLICANT:

BY _____
ITS

VERIFICATION

STATE OF _____)

: ss

COUNTY OF _____)

The undersigned, being first duly sworn upon oath, deposes and states as follows: 1) that the undersigned has signed the foregoing application on behalf of the Applicant as its authorized officer or agent and as such is personally familiar with the statements made in herein; 2) that the undersigned has read the statements made herein; 3) that to the best of his/her knowledge the statements are true and correct; and 4) that should circumstances result in any modification of the content of this application or attachments thereto, the applicant will advise the Division; 5) that should the Applicant cease its operation for any reason, it will inform the Division of such action and surrender the Certificate of Registration, along with the student files; and 6) that the Applicant understands that failure to abide by the Division's rules may result in denial or withdrawal of registration authority to operate a school in the State of Utah.

Dated this _____ day of _____, 20_____.

AFFIANT

[Signature before Notary Public is required.]

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20_____.

My Commission Expires:

NOTARY PUBLIC

Residing at: