



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

POSTSECONDARY PROPRIETARY SCHOOL REGISTRATION REVIEW

Review Registration fee: 1% of the gross tuition income of registered programs during the previous year, except that the fee may not be less than \$500 or more than \$2,500. (Non-refundable)

Applicant's Name

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

DBA if applicable

Date of Application

Check here if there has been a
Change in ownership of the school
Since last application was filed

OFFICE USE ONLY

Date Review Issued: _____

Permit Number: _____

Review Approved: _____

Denied: _____

Permit Expiration: _____

Review Expiration: _____

Surety Exempt: _____

Amount of Surety: _____

Amount of Fee: _____

Withdrawn/Dissolved: _____

Receipt Number: _____

Important notice regarding business confidentiality claims pursuant to the Government Records Access and Management Act: If you wish to make a claim of business confidentiality with respect to any information in this application or with respect to records you provide to the Division, please be aware of the following law: "Any person who provides to a governmental entity a record that the person believes should be protected under 63G-2-305(1) [trade secrets] or (2) [commercial information or non-individual financial information] or both Subsections 63G-2-305(1) and (2) shall provide with the record: (A) a written claim of business confidentiality; and (B) a concise statement of reasons supporting the claim of business confidentiality.

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, 2nd Floor
Box 146704
Salt Lake City, Utah 84114-6704**

Note: The 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.

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) **Applicant's Registered Agent** (The individual or business chosen to receive service of process when the applicant's business entity is a party in a legal action such as a citation.)

Name

Street Address

City

State

Zip Code

Telephone Number

Fax Number

Email Address

6) **Please provide the following dates:**

A. Commencement date of Applicant's operation:

Month

Year

B. Commencement and ending dates for Applicant's program(s) during current school year:

7) Has the catalog, information bulletin or supplements changed since your last application: Yes No
If "yes," please provide a copy of any new catalog, information bulletin or supplements with this application.

8) Please provide the information for the 12 month period immediately preceding the date of this application.

A. Total number of students enrolled with school: _____

B. Total number of students who completed and received a credential: _____

C. Percentage of students that graduated _____

D. Total number of students who terminated or withdrew: _____

E. Total number of administrators, faculty, supporting staff and agents: _____

F. Percentage of students employed after graduation: _____

9) Has your program, curriculum or faculty been changed or altered in a way that is unacceptable or fails to satisfy the requirements for licensure by the Division of Occupational and Professional Licensing (DOPL) or other licensing agency?

Yes No

If "yes", please explain:

10) **Has the Applicant or an owner, officer, director, or administrator of the applicant violated any laws, federal regulations or state rules as determined in a criminal, civil, or administrative proceeding?**

Yes No

a) If "yes," identify the name and title of the individual involved and explain in detail the nature of the proceeding, the date, the location and current status (use additional sheets if necessary or attach copies of relating documents) _____

11) Registration fees:

A. Total tuition and fee income received by the Applicant during the 12 month period of preceding the date of this application (not including books and supplies purchased by students)	\$
B. Total amount refunded to students during the same period	\$
C. Gross tuition and fee income less refunds [Line A minus Line B]	\$
D. Multiply line C by .01	\$
E. Amount of registration fee (rounded to the nearest \$100, with a minimum fee of \$500 and a maximum fee of \$2,500.)	\$

12) Exemption for surety requirement is requested: Yes No

If "yes," indicate the reason for the request and provide copies that support the criteria

The total cost per program is \$500 or less. The total cost per program is: \$ _____

Or

The length of each program is less than one month. The length of each program is: _____

13) Surety Requirement

A. Mark the appropriate box indicating the type of surety being provided in satisfaction of U.C.A. §13-34-107

Bond **Letter of Credit** **Certificate of Deposit**

The required performance bond, irrevocable letter of credit or certificate of deposit must be from a Utah depository payable, to the DIVISION OF CONSUMER PROTECTION/STATE OF UTAH. An applicant is considered to be in compliance with this section only if the proof of surety is current.

Amount of surety is the 25% of gross tuition, rounded to the nearest \$1,000.00
 (minimum amount of surety is \$12,500.00 and a maximum amount is \$300,000.00) \$ _____

B. If a Surety Bond is being submitted, please indicate the following:

Date of bond: _____ Bond expiration date: _____

Name of Surety Company: _____

Physical address of Surety Company: _____

Telephone and facsimile number of Surety Company: _____

Registered on Treasury list: Yes No

C. If an Irrevocable Letter of Credit or Certificate of Deposit is being submitted, please indicate the following:

Date of letter of credit: _____ Letter of credit expiration date: _____

Date of certificate of deposit: _____ Certificate of deposit expiration date: _____

Name of Utah Bank: _____

Address of Utah Bank: _____

Telephone and facsimile number of Utah Bank: _____

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 _____