



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## CERTIFICATE OF POSTSECONDARY STATE AUTHORIZATION: PUBLIC NONPROFIT POSTSECONDARY SCHOOL APPLICATION

(continuous operation for at least 20 years)

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: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Withdrawn/Dissolved: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Amount of Fee: \_\_\_\_\_

**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  
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) Applicant's Mailing Address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Website or web address homepage: \_\_\_\_\_

4) Applicant's Contact Person: \*(Please note future notices will be mailed to the designated contact person)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

5) Provide documentation that shows written confirmation that the Applicant has been in continuous operation as a nonprofit public postsecondary school for at least 20 years. A "public postsecondary school" is defined by Utah law as "a postsecondary school established by a state or governmental entity and substantially supported with government funds." (Affix Exhibit header sheet A to the attachments). Possible documentation may include:

- a letter from the secretary of state or similar state official;
- a copy of statute or other law that establishes the school and the date of enactment of the law; or
- other documentation

**6) Please attach documentation of the Applicant's written complaint information disclosed to students (Affix Exhibit header sheet B to attachments), or list the website links the Applicant provides to students, which includes contact information for:**

1. The accreditor;
2. The Utah Division of Consumer Protection; and
3. Any other state agency that would handle a student's complaint

Website link: \_\_\_\_\_

**7) Please attach a current copy of Applicant's accreditation statement (Affix Exhibit header sheet C to attachments).**

**Accrediting Agency:** \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

Reaffirmation date: \_\_\_\_\_

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 Postsecondary State Authorization with the Division. The undersigned acknowledges that Applicant has been in continuous operation as a nonprofit 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: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_



# EXHIBIT A

# **EXHIBIT B**

# EXHIBIT C