



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## REQUEST FOR EXEMPTION

Pursuant to the  
**POSTSECONDARY PROPRIETARY SCHOOL ACT**

Application fee: None

\_\_\_\_\_  
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Withdrawn/Dissolved: \_\_\_\_\_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, fax (801) 530-6001.

Please return the completed application form to:

**Department of Commerce  
Division of Consumer Protection  
160 East 300 South, 2<sup>nd</sup> Floor  
Box 146704  
Salt Lake City, Utah 84114-6704**

**Note: Applicant must file additional documentation to support the type of exemption requested**

1) Applicant's Name: \_\_\_\_\_

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

\_\_\_\_\_  
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 Applicant have a parent organization? Yes No

If "yes", please indicate the following:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City State Zip Code

6) Exemption from registration under the Utah Postsecondary Proprietary School Act §13-34-105 is requested for the subsection indicated below. Please mark the box for the exemption that applies and provide the additional information noted, specific for the request:

A. Applicant is a Utah institution directly supported, to a substantial degree, with funds provided by the state, a local school district, or other Utah governmental subdivision.

\_\_\_\_\_  
Name of Entity Providing Funds

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

\_\_\_\_\_  
City State Zip Code

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

B. Applicant is an institution which offers instruction exclusively at or below the 12th grade level.

C. Applicant is a lawful enterprise which offers only professional review programs, such as C.P.A. and bar examination review and preparation courses.

**D.** Applicant is a Utah private, postsecondary educational institution that is owned, controlled, operated, or maintained by a bona fide church or religious denomination, which is exempted from property taxation under the laws of this state. In order for the church or religious denomination to be “bona fide” for the purpose of this exemption, the institution may not be the church or religious denomination’s primary purpose, function or asset.

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Name of Church

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Street Address

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City State Zip Code

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Telephone Number

**E.** Applicant is a school or institution which is accredited by a regional or national accrediting agency recognized by the United States Department of Education requesting exemption from registration. An institution, branch, extension, or facility operating within the state which is affiliated with an institution operating in another state must be separately approved by the affiliate's regional or national accrediting agency to qualify for this exemption. **Please attach a current copy of the institution’s accreditation statement.**

Please note, to obtain a Certificate of Postsecondary State Authorization to verify an applicant is in compliance with 34 CFR 600.9 an applicant may seek state authorization by submitting a Certificate of Postsecondary State Authorization application form instead of this exemption request.

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Accrediting Agency

Expiration date of current accreditation: \_\_\_\_\_

**F.** Applicant is a business organization, trade or professional association, fraternal society, or labor union that sponsors or conducts courses of instruction or study predominantly for bona fide employees or members and does not, in advertising, describe itself as a school. A business organization, trade or professional association, fraternal society, or labor union is considered to be conducting the course predominantly for bona fide employees or members if it hires a majority of the persons who successfully complete its course of instruction or study with a reasonable degree of proficiency and apply for employment with that same entity.

\_\_\_\_\_ % Percent of time spent by Applicant in training or instruction in relation to time spent in other business activity.

\_\_\_\_\_ % Percentage of persons who are hired by the Applicant after successfully completing the course of instruction.

**G.** Applicant is an institution that:

- i.** Exclusively offers general education courses or instruction that is solely remedial, avocational, nonvocational, or recreational in nature; and does not advertise occupation objectives or grant educational credentials; **Or**
- ii.** Exclusively prepares individuals to teach general education courses or instruction that is solely remedial, avocational, nonvocational, or recreational in nature.

**H.** Applicant is an institution which offers only workshops or seminars lasting no longer than three calendar days and for which academic credit is not awarded.

**I.** Applicant is an institution which offers programs in barbering, cosmetology, real estate, or insurance that are regulated and approved by a state or federal governmental agency. **Please include a copy of the respective agency's authorization for your current period of approval.**

\_\_\_\_\_  
Type of License

\_\_\_\_\_  
Name of Agency

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

Expiration date of current authorization: \_\_\_\_\_

**J.** Applicant is an education provider certified by the Division of Real Estate under Section 61-2c-103.

**K.** Applicant is an institution that exclusively offers aviation training that a student fully receives within 24 hours after the student pays any tuition, fee, or other charge for the aviation training **and** the institution:

(a) Is approved under Part 141, Federal Aviation Regulations, 14 C.F.R. Chapter 141;

**Or**

(b) Provides aviation training under Part 61, Federal Aviation Regulations, 14 C.F.R. Chapter 61.

**L.** Applicant is an institution that provides emergency medical services training and all of the institution's instructors, course coordinators, and courses are approved by the Dept. of Health.

**M.** Applicant is an institution that exclusively conducts nurse aide training programs that are approved by the State office of Vocational Education and are subject to the Nurse Aide registry.

I have reviewed the Utah Postsecondary Proprietary School Act (U.C.A. §13-34-101 et. seq.), and I understand that if I operate beyond the scope of the exemption requested additional registration will apply. I also acknowledge that I am required to notify the Division within thirty (30) days of a material change in circumstances which may affect this exempt status. I also acknowledge that if I operate without obtaining an effective registration statement, I am subject to remedies and penalties under Utah law. In addition to the enforcement powers under Utah law, the Director of the Division of Consumer Protection may issue a cease and desist order and impose an administrative fine of up to \$100.00 per day that a proprietary school operates without an effective certificate of registration; if the violation is not an intentional violation, \$1,000.00 for each violation of this chapter that is not intentional or is not described in U.C.A. §13-34-111(3)(a)(ii)(A) or \$5,000 for each intentional violation. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein is true and correct.

DATED: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ITS: \_\_\_\_\_