



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## CERTIFICATE OF POSTSECONDARY STATE AUTHORIZATION: PRIVATE 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Withdrawn/Dissolved: \_\_\_\_\_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 for at least 20 years. Please attach the following: (Affix Exhibit header sheet A to attachments).

1. The Articles of Incorporation of the Applicant; AND
2. The IRS determination letter stating the nonprofit status of the Applicant postsecondary school.

**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: \_\_\_\_\_

**VERIFICATION**

STATE OF \_\_\_\_\_ )  
 : ss  
COUNTY OF \_\_\_\_\_ )

The undersigned, being first duly sworn upon oath, deposes and states that: 1) 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 herein; 2) the undersigned has read the statements made herein; 3) to the best of his/her knowledge the statements are true and correct; 4) should circumstances result in any modification of the content of this application or attachments thereto, the applicant will advise the Division; 5) should the Applicant cease its operation for any reason, it will inform the Division of such action and surrender the Certificate of Postsecondary State Authorization; and 6) the Applicant understands that failure to meet statutory requirements or abide by the Division’s rules may result in denial, suspension, or revocation of the Certificate of Postsecondary State Authorization.

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:

# **EXHIBIT A**

# **EXHIBIT B**

# EXHIBIT C