



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Withdrawn/Dissolved: _____

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) 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.)	\$

11) **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: _____

12) 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 _____