



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

ACCREDITED INSTITUTION APPLICATION FOR CERTIFICATE OF STATE AUTHORIZATION

Registration fee:

Flat fee of \$1,500 (Non-refundable)

Or

Sliding scale: determined by 1% of the gross tuition income of registered programs during the previous year, except that the fee may not be less than \$1,500 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

OFFICE USE ONLY	
Date Permit Issued:	_____
Permit Number:	_____
Permit Approved:	_____
Denied:	_____
Withdrawn/Dissolved:	_____
Permit Expiration:	_____
Review Expiration:	_____
Amount of Fee:	_____

Please Mark the appropriate box:

INITIAL
REGISTRATION

RENEWAL
REGISTRATION

Check here if there has been a change in ownership of the school since last application was filed.

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

NOTE: Registration is effective for a two year period with an annual review. Renewal of this registration is due 30 days prior to its expiration.

1) **Applicant's Name:** _____

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

Name

Street Address

City State Zip Code

Telephone Number Fax Number

3) **Contact Person:** *(Please note, future notices will be mailed to the designated contact person)

Name

Telephone Number Em ail Address

4) **Mailing Address:**

Name

Street Address

City State Zip Code

Telephone Number Fax Number

Website or web address homepage: _____

5) **Does the applicant have a parent organization?** Yes No

A) If "yes", please indicate the following

Name

Street Address

City State Zip

6) **Does the applicant operate at other sites than the address stated above?** Yes No

A) If "yes", please be advised a separate application for each physical campus operating in Utah must be submitted.

7) **Determining Registration Fee**

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 \$1,500 and a maximum fee of \$2,500.)	\$

8) Please provide a copy of your accreditation if amended since your last filing with the Division.

Accrediting Agency: _____

Street Address

City State Zip Code

Telephone Number

Expiration date of current authorization: _____

9) **Has the Applicant been recognized by the accrediting agency to have administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition?**

Yes No

A) Provide an identical copy of each financial statement the Applicant provided to its accrediting agency.

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
a _____ aaaaaaaaa

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 registration status. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein is true and correct.

DATED: _____
BY _____

APPLICANT: _____
ITS _____

VERIFICATION

STATE OF _____)
: ss
COUNTY OF _aaaaaaa_____)

The undersigned, being first duly sworn upon oath, deposes and states as follows: 1) that the undersigned has signed the foregoing application on behalf of the Applicant as its authorized officer or agent and a s such i s personally familiar with the statements made in herein; 2) that the undersigned has read the statements made herein; 3) that to the best of his/her knowledge the statements ar e true and correct; and 4) that should circumstances result in any modification of the content of this application or attachments thereto, the applicant will advise the Division; 5) that shoul d the Applicant cease its operation for any reason, it will inform the Divisi on of such action and surrender the Certificate of Registration; and 6) t hat the Applicant understands that failure to abide by the Division's rules may result in denial or withdrawal of registration authority to operate a school in the State of Utah.

Dated this _____ day of _aaaaaaaaaaaa____, 20_____.

[AFFIANT
Signature before Notary Public is required.]

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20_____.

My Commission Expires:

Residing

NOTARY PUBLIC
at: