PROFESSIONAL EMPLOYER ORGANIZATION --LICENSED THROUGH AN ASSURANCE ORGANIZATION LICENSE APPLICATION

Initial Application ___ Renewal Application

Legal name of applicant:		FEIN#:	
List any other names under which the PEO wil	ll engage in a professional emplo	yer service.	
Principal business location : Street City, State, ZIP			
Mailing address, if different from principal bus Street City, State, ZIP	siness location. If there is none, e		
Business location of each Utah office (street, c Please provide information on separate sheet a		ment	
Contact person (name, title, telephone number, Title Phone	, fax number, email address): Fax	Name Email	
Applicant's Website Address. If the company List the name of the assurance organization wi			
Is the assurance organization listed on the Dep	partment's website?	Yes	No
Has there been any adverse regulatory action to PEO, an owner, a director, an officer, or senior If yes, attach an explanation and any document	r executive officer? Yes		
Is the Professional Employer Organization a moconsolidated basis? Yes If yes:	nember of a professional employe No	r organization gro	up that files on a combined or
1. Does each member of the professional emprofessional employer organization group under Organization does not qualify as a group and n 2. Does the controlling entity of the profession employer organization under this chapter? Your qualify as a group and must apply as an incomplete organization.	er this chapter? Yes must apply as an individual Profes ional employer organization group Yes No	No ssional Employer of p guarantee the ob If "no" the Profe	If "no" the Professional Employer Organization.
The following information must acco	ompany this application:		
1. Payment of a non-refundable \$2,050 Application Fee (\$1,000 license and \$	Initial Application Fee (\$2,000 lie	cense and \$50 E-c	ommerce) or \$1,050 Renewal
 A copy of the certificate from the assurorganization. 	urance organization certifying the		the professional employer
3. A list of the Professional Employer O	Organization Utah clients.	Attachment	

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Signature	 Date	Printed Name	Title	
I further certify that I gra current or former employ	•	•	with any federal, state, or local government agen	гу
			r	
			ect me to civil or criminal penalties.	

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and