



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## ACCREDITED INSTITUTION CERTIFICATE OF STATE AUTHORIZATION REVIEW

### 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 Review Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Review Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Review Expiration: \_\_\_\_\_

Permit Expiration: \_\_\_\_\_

Amount of Fee: \_\_\_\_\_

Withdrawn/Dissolved: \_\_\_\_\_

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number Em ail Address

4) **Applicant's 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 filed.

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

\_\_\_\_\_  
Accrediting Agency

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

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

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

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

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

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

BY\_

ITS \_\_\_\_\_