

STATE OF UTAH APPLICATION FOR CERTIFICATION OF REGISTRATION **KITCHEN EXHAUST SYSTEM SERVICE**



Have you read and do you understand Administrative Rule R710.7? Yes 🗆 No 🗆

	Application Date:				
TYPE OF APPLICATION	□ NEW □ RETEST	□ 5 YEAR RENEWAL			
Applicants Name:		KE No:	Orig Date:		
Home Address:					
City, State, Zip		Email Address:			
Other Information: Telephone: ()	Cell Number: ()			
Date of Birth:	Age:	Sex:			
Color of Eyes:	Weight:	Height: Color of Hai	r:		
Company Name:					
Mailing Address:		City, State, Zip:			
BACKGROUND INFORMATIO	DN: R-710.1.7				

Have you ever been convicted of any crime? □ Yes □ No Drivers License Number:_____ State: _____

If "Yes", indicate the date, type and location of the offense, arresting agency, and court disposition and sentencing information: (Be candid and list each on the back of this form.) Have you lived in another State within the last five years? \Box Yes \Box No

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SUBMITTING THIS APPLICATION:

By submitting this application I affirm that it contains no misrepresentation or falsification and the information is true and complete to the best of my knowledge and belief. I also understand and agree that failure to conduct business according to the adopted statutes and administrative rules of the State of Utah with regard to inspecting and cleaning kitchen exhaust systems will subject myself to the possibility of the loss of my license and/or certification and/or the possibility of criminal prosecution.

Signature:

Administrative:	Pass	Unsuccessful	Date:	BCI Approved:		
Technician Service:	Pass	Unsuccessful	Date:	Date:	By:	
5-Year Exam:	Pass	Unsuccessful	Date:	Approved Yes	No	

Original	Renew	Renew	Renew	Renew	
Date	Date	Date	Date	Date	
Amount	Amt	Amt	Amt	Amt	
Paid	Paid	Paid	Paid	Paid	
Receipt	Receipt	Receipt	Receipt	Receipt	
No	No	No	No	No	
Date Cert	Cert	Cert	Cert	Cert	
Sent	Sent	Sent	Sent	Sent	