



Utah Insurance Department

Petition to Remove Record of Administrative Disciplinary Action and Supporting Declaration

Petitioner Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____ Phone: _____ Date of Birth: _____

License#: _____ Docket#: _____ Enforcement Case#: _____

Names of Documents Containing Information to be Removed

I request that the Utah Insurance Department remove a record of disciplinary action from public access on a website that it controls. In support of this request, I declare under criminal penalty of the State of Utah that the following facts are true and correct based on my personal knowledge:

1. The Utah Insurance Department maintains a publicly accessible website that contains one or more records of administrative disciplinary action against _____.
2. Check which one of the following applies:
 - a. ____ A final order was issued in the administrative disciplinary action, and five (5) years have passed since the date of issue.
 - b. ____ A final order was not issued in the administrative disciplinary action, and five years have passed since the date on which the administrative action was commenced.

- c. ____ Petitioner has obtained a criminal expungement order for the criminal records related to the same incident or conviction upon which the administrative disciplinary action was based. (Attach a copy of the expungement order.)
3. Petitioner has successfully completed all action required by the Utah Insurance Department relating to the administrative disciplinary action within the time frame set forth in Title 63G, Chapter 4, Section 107, Administrative Procedures Act.
 4. From the time that the original administrative disciplinary action was filed, Petitioner has not violated the same statutory provisions or administrative rules related to those statutory provisions that resulted in the original administrative disciplinary action.
 5. Petitioner will submit a non-refundable fee of \$185.00 after the Utah Insurance Department receives their petition and submits an invoice to Petitioner.

Signature of
Petitioner: _____ Date: _____

**** FOR DEPARTMENT USE ONLY ****

Petition Received on: _____

Approved Disapproved

Date: _____

Signature of Reviewer: _____