

# BUSINESS ENTITY LICENSE REINSTATEMENT APPLICATION

## UTAH INSURANCE DEPARTMENT

4315 S. 2700 W.  
PO Box 146901  
Taylorsville, UT 84129

Agency Name: \_\_\_\_\_ Amount Due: \$135.00

FEIN: \_\_\_\_\_ Utah License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Type: \_\_\_\_\_ (Resident / Non-Res. Producer, Adjuster, Limited, Etc)

### Reinstate fees:

\$135.00 - Reinstate license

### To reinstate your license:

**\*\*\*Electronic online processing is the required method for Reinstatements.\*\*\*** Online Reinstatements are available for Utah resident agencies at [www.sircon.com/utah](http://www.sircon.com/utah). Non-Resident agencies may use either [www.sircon.com/utah](http://www.sircon.com/utah) or [www.nipr.com](http://www.nipr.com). NIPR is not available for Utah resident agencies.

A lapsed license may be reinstated up to one year after the expiration date. A voluntarily surrendered license may be reinstated using this form up to one year after inactivation, but no later than the original expiration date in which the license was surrendered. After one year past license inactivation date, an agency must apply as a new license applicant.

If unable to reinstate electronically, you must first contact the producer licensing division to use this form.

1. Complete both pages of this form and return with payment (check or credit card authorization).
2. If you answered "yes" to any background question, please provide documentation requested.

After the agency license is active, designees may be added online at [www.sircon.com/utah](http://www.sircon.com/utah).

Upon receipt of fees and approval of this completed application, your reinstated license will be issued. A hard copy of the license can be printed at [www.sircon.com/utah](http://www.sircon.com/utah). Check the status of this process at [www.insurance.utah.gov](http://www.insurance.utah.gov).

If you have questions or concerns, please contact our office 8AM to 5PM Mountain Time Monday through Friday.

### Contact person:

Angela Martinez  
[ammartinez@utah.gov](mailto:ammartinez@utah.gov)  
phone: (801) 957-9244  
fax: (385) 465-6055



**BACKGROUND INFORMATION --- PLEASE READ CAREFULLY AND ANSWER ACCURATELY:**

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

“Crime” includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations or conditions involving drinking under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answered yes, you must attach to this application:

- a) A written statement explaining the circumstance of each incident,
- b) A certified copy of the charging document,
- c) A certified copy of the official document, which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_\_\_ No \_\_\_\_\_

“Involved” means having a license censured, suspended, revoked, cancelled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied, or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) A written statement explaining the circumstance of each incident,
- b) A certified copy of the Notice of Hearing or other document that states the charges and allegations,
- c) A certified copy of the official document, which demonstrates the resolution of the charges or any final judgment

**On the lines provided below, please update your address and telephone numbers.**

Simply indicate **NO CHANGE** if you are sure we have your current information.

Business address:

Mailing address:

_____	Address Line 1	_____
_____	Address Line 2	_____
_____	City, State, Zip Code	_____
_____	Phone # / Fax #	_____
_____	Email address	_____

**I certify that all information I have supplied on this application is complete, true and correct to the best of my knowledge.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**State of Utah**

SPENCER J. COX  
*Governor*

DEIDRE M. HENDERSON  
*Lieutenant Governor*

**Insurance Department**

JONATHAN T. PIKE  
*Insurance Commissioner*

**Credit Card Authorization Form**

**Must be filled out completely before processing. One form per request.**

Email as attachment to [ammartinez@utah.gov](mailto:ammartinez@utah.gov) or fax Attn: Angie at (385) 465-6055.

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

Name of Individual / Agency for which payment is being submitted:

\_\_\_\_\_

Reason for payment: \_\_\_\_\_

Contact for questions regarding this payment:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Updated 05/18/2021