

INDIVIDUAL LICENSE REINSTATEMENT APPLICATION

UTAH INSURANCE DEPT
3110 State Office Building
PO Box 146901
Salt Lake City, UT 84114-6901

Name: _____ Amount Enclosed: \$ _____
(See fees below)

SSN: _____

Expiration Date: _____

Utah license #: _____

License type: _____ (Resident / Non-Res. Producer, Adjuster, Limited, Etc.)

Reinstatement fees:

\$125.00 - Full Lines Licenses (Life, Accident, Health, Property, Casualty, etc.)

\$100.00 - Limited Licenses (Credit, Motor Club, Travel, Car Rental, etc.)

A lapsed license may be reinstated up to one year after the expiration date. A voluntarily surrendered license may be reinstated using this paper form up to one year after inactivation, but no later than the original expiration date in which the license was surrendered. Licenses are reinstated until the original expiration date, which is what the expiration date would have been, had the license been renewed on time.

If more than one year has passed since the inactivation date, a person must apply as a new license applicant.

Unless you have department approval electronic online processing is the required method for Reinstatements.

Online reinstatements are available for Utah residents at www.sircon.com/utah after all required CE credits have posted to the individual's record. Review your CE transcript at www.sircon.com/utah under Look up education courses/credits. *A resident individual license will not be reinstated if the required CE hours have not been completed and posted.*

Non-resident applicants may reinstate online at either www.sircon.com/utah or www.nipr.com. NIPR is not available for Utah residents.

Steps for using this form to reinstate your license:

1. Print and complete both pages of this form and return with credit card authorization for payment.
2. If you answered "yes" to any background questions, please provide the documentation requested.

Upon the receipt of fees, and approval of this completed application, your reinstated license will be issued. A hard copy of your license may be printed at www.sircon.com/utah. License information is also at www.insurance.utah.gov.

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

Contact person: Angela Martinez 801-538-3857 ammartinez@utah.gov Fax # 801-538-3830

BACKGROUND INFORMATION -- PLEASE READ CAREFULLY AND ANSWER ACCURATELY:

1. Have you been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime, which has not been previously reported to this state? Yes _____ No _____

Crime” includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations or conditions involving driving 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 copy of the charging document,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A _____ Yes _____ No _____
If so, was that waiver granted? (Attach a copy of 1033 waiver approved by home state.) N/A _____ Yes _____ No _____

2. Have you been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported to this state? Yes _____ No _____

“Involved” means having a license censured, suspended, revoked, canceled, 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. INCLUDE Any business so named because of your actions in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. 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 identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Do you have a child support obligation in arrearage, which has not been previously reported to this state? Yes _____ No _____

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes _____ No _____
- c) are you the subject of a child support related subpoena/warrant? Yes _____ No _____

Only submit this application after all required CE is posted to your record at www.sircon.com/utah. CE requirements do not apply to residents holding a limited license, or to those producers who have been licensed continuously prior to April 1, 1978. If you hold a current qualifying designation include evidence of that designation.

Before submitting this application you must review and update all addresses and phone numbers at www.sircon.com/utah under Update name or address.

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

Date: _____ Signed: _____

Typed or Printed name: _____

Credit card information:

Card Type: _____ Card Number: _____ Exp. Date _____

Name of Cardholder _____ Amount Authorized: _____

Security Code _____