INDIVIDUAL LICENSE REINSTATEMENT APPLICATION

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

| Name: | Amount Enclosed: (See fees below) | | |
|-----------------|---|--|--|
| SSN: | | | |
| Utah license #: | Expiration Date: | | |
| 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 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 <u>www.sircon.com/utah</u> after all required CE credits have posted to your record. Review your CE transcript at <u>www.sircon.com/utah</u> 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 <u>www.sircon.com/utah</u> or <u>www.nipr.com</u>. NIPR is not available for Utah residents.

Steps for using this form to reinstate your license:

- 1. Complete <u>both</u> 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 <u>www.sircon.com/utah</u>. License information is also found at <u>www.insurance.utah.gov</u>.

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

Contact person: Angela Martinez <u>ammartinez@utah.gov</u> phone: (801) 957-9244 fax: (385) 465-6055



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 contendre, 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 <u>Ves</u> No <u>Ves</u>

"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 answered yes,

| | crea 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 <u>www.sircon.com/utah</u>. 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.

<u>Before submitting this application, you must review and update all addresses and phone numbers at</u> <u>www.sircon.com/utah_under "Update name or address".</u>

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: _____



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 or fax Attn: Angie at (385) 465-6055.

| Cardholder Name | | | | | |
|----------------------------|-------------------------|------------------|-----------|-----|--|
| Credit Card Number | Credit Card Number | | Exp Date: | | |
| Billing Address | | | | | |
| | City | | State | Zip | |
| Telephone | | | | | |
| Amount Authorized: | | | | | |
| Name of Individual / Agen | ncy for which payment i | s being submitte | d: | | |
| Reason for payment: | | | | | |
| Contact for questions rega | arding this payment: | | | | |
| Name: | | | | | |
| Phone: | | | | | |
| Email: | | | | | |
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Updated 05/18/2021