



Utah Insurance Department

Financial Regulation & Licensing Division

Individual License Reinstatement Application

Name: _____ Amount enclosed: \$100
 SSN: _____ \$125
 Utah license # _____ Expiration date: _____
 License type: _____ (resident/non-res producer, adjuster, limited, etc.)

Reinstatement fees:

\$125	Full lines license	(life, accident, health, property, casualty, etc.)
\$100	Limited license	(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 on 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 for a new license.

Unless you have Department approval, electronic online processing is the required method for reinstatements.

Online reinstatements are available for Utah residents at sircon.com/utah after all required CE credits have posted to your record. Review your CE transcript at 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 sircon.com/utah or nipr.com. NIPR is not available for Utah residents.

Steps for using this form to reinstate your license:

1. 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 sircon.com/utah. License information is also found at insurance.utah.gov.

If you have questions or concerns, please contact:

Angie Martinez
ammartinez@utah.gov
 Phone: (801) 957-9244
 Fax: (385) 465-6055



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BACKGROUND INFORMATION — PLEASE READ CAREFULLY AND ANSWER ACCURATELY:

1. Have you ever 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; and
- (c) a copy of the official document that 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 the 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 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 that 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 answered yes, you must attach to his 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 that 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:

- (a) by how many months are you in arrearage? _____ months
- (b) are you currently subject to and in compliance with a 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 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 sircon.com/utah under "Update name or address." ___ I have reviewed and updated my information.

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 Authorization

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 _____ Exp. Date ____ / ____ CVV ____

Billing address _____

City _____ State ____ Zip _____

Phone _____

Amount authorized: _____

Name of individual or agency for which your payment is being submitted:

Reason for payment: _____

Contact for questions regarding this payment:

Name _____

Phone _____

Email _____