

<i>Official Use Only</i>
<i>Number:</i> _____
<i>Date Approved/Denied:</i> _____
<i>Approved/Denied By:</i> _____

## Request for Inactive License

### APPLICANT INFORMATION

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**All Previous Legal Names:** \_\_\_\_\_

**Requesting Inactive Status on the following license number:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**Address:** \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

\_\_\_\_\_  
City State ZIP Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Drivers License**

**or State ID Card:** \_\_\_\_\_  
State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

### AFFIDAVIT AND RELEASE

1. I certify that my license is in good standing.
2. I understand that I must continue to pay the renewal fees for my inactive license.
3. I understand that I may not practice while my license is inactive, and that I must apply for and receive notification of my active license before resuming practice.
4. I understand that I must meet current renewal requirements and pay a reactivation fee to return my license to active status.
5. I understand that I am responsible to update the Division of any changes relating to my license.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The following items are required to complete your inactive request:

- \$50.00 non-refundable application processing fee, made payable to "DOPL".
- Submit the license and wallet copy of the license you wish to make inactive

Submit the above items with your completed application to:

**In person or via express delivery:**  
Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

**US Postal Service:**  
Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741