



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Contractor License: *Activate Inactive License*

REQUESTED LICENSE MODIFICATIONS

Check ALL that apply:

Activate Inactive License (\$50 fee)

APPLICANT INFORMATION

Business Legal Name _____

*Must be registered with Utah Division of Corporations *Note: If you are a Sole Proprietor, this is your full legal name.*

DBA (if applicable): _____

Must be registered with Utah Division of Corporations

Utah Contractor License

Number: _____-5501

Mailing Address: _____

Street Address (including Apt/Unit/Ste #) and/or PO Box

City

State

ZIP Code

Phone: _____

Email: _____

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers, and prior entities and DBA’s for which these individuals have been involved.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: _____ Date: _____

Printed Name & Position of the
Authorized Signer: _____

REQUIREMENTS

- Complete 6 (six) Hours of Continuing Education.** To find courses to complete your 6 hours of CE, click here: <https://secure.utah.gov/ce-public/>
- If you have employees, submit UNEXPIRED certificate of workers compensation insurance certificate.** If you have employees, you must have an UNEXPIRED certificate of workers compensation insurance with DOPL as certificate holder.
- Submit UNEXPIRED General Liability Insurance Certificate.** You must have an UNEXPIRED general liability insurance certificate with minimum required coverage of **\$100,000 for each incident and \$300,000 in total. The insurance must cover the scope of work** for the licensee for the entire duration of active licensure. **DOPL's name and address must be listed as the certificate holder:** DOPL, 160 E 300 S, P.O. Box 146741, Salt Lake City, Utah 84114.
- If you were required to have a contractor's bond before the license was inactive,** please provide a new unexpired bond or submit a request for a financial review to see if you are eligible to be released from the bond requirement.

FEES & INSTRUCTIONS

The following **fees** are required to complete your application, please make checks payable to "DOPL":

| | | |
|---------------------------|---|----------|
| Activate Inactive License | → | \$ 50.00 |
|---------------------------|---|----------|

*****All fees are non-refundable*****

- Submit the above items with your completed form to:

In-person or express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

U.S. Postal Service:
Division of Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741

DO NOT FAX OR EMAIL THE FORM

NOTICE: Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.