

Complete Contractor Name (as it appeared on the license): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ License Number: \_\_\_\_\_

**DOPL CONTRACTOR LICENSE REINSTATEMENT QUESTIONNAIRE**  
(FOR LICENSES THAT HAVE BEEN EXPIRED LESS THAN 2 YEARS)

Answer "yes" or "no" to questions (1-4 & 5-9). Do not leave any question unanswered.  
Please note that false, misleading, or fraudulent answers may result in loss of licensure and/or criminal prosecution.

- |       |  |
|-------|--|
| _____ | 1. Since the last renewal or issuance of this license have you pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a diversion agreement with respect to any felony or misdemeanor in any jurisdiction? |
| _____ | 2. Since the last renewal or issuance of this license have you been charged with or arrested for any felony or misdemeanor in any jurisdiction?  |
| _____ | 3. Since the last renewal or issuance of this license have you surrendered or had any disciplinary action taken against a license to practice in a regulated profession?   |
| _____ | 4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?   |

If you answered "YES" to any questions 1-4 above, attach a complete written explanation and complete documentation including any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement for each and every arrest, charge, and/or conviction. For questions 1-4 above, motor vehicle offenses such as driving while impaired must be disclosed, but minor traffic offenses such as parking or speeding violations do not need to be listed.

- |       |   |
|-------|---|
| _____ | 5. Has continuous liability insurance been maintained as required by law?   |
| _____ | 6. Has the licensee notified DOPL for every change or loss of its qualifier? (Write N/A if not applicable.)   |
| _____ | 7. Have all judgments, liens, lien recovery payments, taxes, and child support payments been paid as required, and have all bankruptcies been reported to DOPL? (Write N/A if not applicable.)                |
| _____ | 8. If you have employees, have payroll withholdings, unemployment insurance premiums, and workers compensation insurance premiums been paid and maintained as required by law? (Write N/A if not applicable.) |
| _____ | 9. Has 6 hours of continuing education been completed as required by law?   |

**If you answered "NO" to any questions 5-9 above, attach a complete written explanation.**

Current Business Entity Type: \_\_\_\_\_ (sole-proprietor, corp., partnership, LLC, etc.)

Utah Division of Corporations Registration Number for business entity: # \_\_\_\_\_

**Submit** current certificate for **LIABILITY INSURANCE**. Coverage of at least \$100,000 for each incident and \$300,000 aggregate is required.

Note: continual liability insurance coverage is required for an active license.

**Submit** current continuing education certificates

Federal Identification Number: \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

Do you have employees? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, **Submit** a current WORKERS COMPENSATION INSURANCE CERTIFICATE.

Qualifier Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned, further certify that I am authorized to sign this Questionnaire on behalf of the applicant. The information contained in this Questionnaire is free of fraud, misrepresentation, or omission of material fact; is truthful and correct; and discloses conditions regarding the applicant's financial responsibility. I, also, understand I may be subject to audit by the Division.

\_\_\_\_\_  
Print Name of Authorized Signer

\_\_\_\_\_  
Title of Authorized Signer

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date Signed

**NOTE:** Save all financial statements, supporting documents (bank statements, etc.), and guaranties used to complete this questionnaire for a minimum of 2 years beyond the license issue date. Information used is subject to audit by the Division.

**Reinstatement Fees**

- \$188 2007-2009 Renewal Fee ("0" if already paid)
- \$50 Reinstatement Fee
- \$100 LRF Reinstatement Fee if applicable
- \$338 Total Fees (NOTE if LRF exempt total is \$163)**

**Make Checks Payable to DOPL**

**Submit Application, Supporting Documents, and Fees to:**

US Mail	Delivery or Express Mail
DOPL PO BOX 146741 Salt Lake City, UT 84114-6741	DOPL 160 East 300 South, 1 <sup>st</sup> floor Salt Lake City, UT 84111

**Questions: (801) 530-6628 or (866) 275-3675 toll-free in Utah**