

Request for Inactive License

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

Licenses Number: _____ License Type: _____

SSN: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
* If you don't have a social security number, please follow the instructions on the last page.

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

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this 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: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current

AFFIDAVIT AND RELEASE

I certify that my license is in good standing.

I understand that I must continue to pay the renewal fees for my inactive license.

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.

I understand that I must meet current renewal requirements and pay a reactivation fee to return my license to active status.

I understand that I must 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 your completed application:

By US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84114

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>.

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____