

Licensed Utah Contractor Request to:
Inactivate License

APPLICANT INFORMATION

Contractor Business Name: _____
**Note: If you are a Sole Proprietor, this is your full legal name.*

Utah Contractor License Number _____

Phone: (_____) _____ - _____ Email: _____

AFFIDAVIT AND RELEASE

I certify that this license is active and in good standing.

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

I understand that this company may not operate in Utah while the license is inactive, and that I must apply for and receive notification of my active license before resuming operation.

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

I understand that the company must update the Division of any changes relating to this license.

Signature of Owner: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications may result in processing delays or denial.

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.

The following items are required to complete your application:

- \$50.00 non-refundable application processing fee, made payable to "DOPL".

Submit completed application with applicable fees to:

In person or via express delivery:

Division of Professional Licensing
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

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

If you have questions, please send them to our email address, b4@utah.gov or via the phone number listed below.

Applications are not accepted by email.

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: _____