



State of Utah
Department of Public Safety
**REINSTATEMENT APPLICATION FOR
PRIVATE INVESTIGATOR LICENSE**
WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN INK

BUREAU USE ONLY

COMPLETE the following information as it now appears on your Utah private investigator license.

Name: _____ Date of Birth: _____ License # _____

Address: _____ SSN: _____

Email address: _____

INSTRUCTIONS: Please check the appropriate box, which identifies why your license was suspended.

Explain below the specific circumstances.

- | | |
|--|--|
| <input type="checkbox"/> Insurance cancelation | <input type="checkbox"/> Sponsorship - fee waived within 30 days of suspension. |
| <input type="checkbox"/> Bond cancelation | <input type="checkbox"/> Failure to update address - fee waived, circumstances permitting. |
| <input type="checkbox"/> Disciplinary action | <input type="checkbox"/> Other _____ |

Explanation: _____

► **A FEE OF \$65.00 PAYABLE TO “Utah Bureau of Criminal Identification”**

I, the undersigned, state that the above information is true and accurate to the best of my knowledge and prior to this date, I have been issued a private investigator license from the state of Utah needing reinstatement at this time:

Signature: _____

On this _____ day of _____, 20____

METHOD OF PAYMENT (CHECK APPROPRIATE BOX) Payment enclosed (check or money order only) Credit Card
Credit Card payment must include 3 or 4 digit control number on back of the credit card. There is a \$20.00 service charge for any returned check.

Credit Card Signature _____ Zip Code Associated with Credit Card _____

Credit Card Orders: *Visa *MasterCard *AMEX *Discover

Card Number – 15 digit AMEX or 16 digit Visa, MasterCard or Discover	3 or 4 digit control #	Expiration Date																						
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