



Professional Fiduciaries Bureau

1625 North Market Blvd., Suite S-209
 Sacramento, CA 95834
 Phone: (916) 574-7340 Fax: (916) 574-8645
 Website: www.fiduciary.ca.gov



Application for Reinstatement from Retired to Active License Status Fee \$1,300

FEES ARE NON-REFUNDABLE

*NOTE: Eligibility requirements for reinstatement from retired to active status may be found in California Code of Regulations section 4575.

FOR PROFESSIONAL FIDUCIARIES BUREAU USE ONLY	
Date Received	
Fee Amount Paid	
Receipt #	
Date Cashiered	
Enforcement Review Date	
Date Application Processed	

PART 1. FULL NAME (as it appears on your license)

Last	First	Middle
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PART 2. ADDRESS (this address will appear on the Bureau's website)

Number and Street		
City	State	ZIP Code
Phone Number	Email Address	
License Number	License Expiration Date	

PART 3. ENCLOSED

- I have completed the required continuing education pursuant to California Code of Regulations section 4568(b)(1)..
- I have enclosed an updated annual statement.
- I have enclosed the reinstatement to active license application fee as required in subdivision (g)(2) of section 4580 of the California Code of Regulations.

PART 4. SIGNATURE

Please read, complete, and sign the following:

I, _____, hereby certify that all statements, answers, and representations made in this application to reinstate my license from a retired to active status are true and accurate.

_____	_____
Signature of Licensee	Date

