

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 Inactive to Active License Status Fee \$1,300 FEES ARE NON-REFUNDABLE

*NOTE: Eligibility requirements for reinstatement from inactive to active status may be found in California Code of Regulations section 4568.

FOR PROFESSIONAL FIDUCIARIES BUREAU USE ONLY		
FIDUCIARIES BUREAU USE OINLI		
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
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 (f)(3) 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 an inactive to active status are true and accurate.		
Signature of Licensee	Date	

