Reinstatement Application Check List

Name: _____Address:_____

City:_____ State:____Zip:_____Phone: _____

_____ Two (2) Passport Photos

_____ Letter of Good Standing (If licensed in another state)

_____ Other Professional License or Certification (List Below)

_____

_____

_____ Two (2) D.C.'s for Character Affidavits.

(Affidavits MUST be submitted on the original form. Affidavits submitted separately will NOT be accepted)