

APPLICATION FOR
**RETIRED
LICENSE**



Attach a \$40 fee made payable to
"Behavioral Sciences Fund"

See Application Instructions for Important Information

Type or print clearly in ink and enclose the correct fee to avoid delays in processing

License Type and Number:	<input type="checkbox"/> LMFT No. _____	<input type="checkbox"/> LPCC No. _____	License Expiration Date:
	<input type="checkbox"/> LCSW No. _____	<input type="checkbox"/> LEP No. _____	
Birth Date mm/dd/yyyy:		SSN or ITIN*:	
Legal Name**:		Last	First Middle
Maiden name and any other AKA			
Telephone Number:		Email Address (OPTIONAL):	
Public Address of Record: Number and Street			
City		State	Zip Code
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, we will update our records accordingly			

IMPORTANT READ CAREFULLY

- A holder of a retired license may not engage in any activity for which an active license is required.
- Reactivation of a retired license is only possible within three (3) years from the date the retired license was issued.

I have read and understand the information provided, and hereby request that my license be placed on "Retired" status.

Signature of Licensee

Date

*You may provide either your Social Security Number or Individual Taxpayer Identification Number, as applicable.

** You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

