

# Letter of Justification for License Reinstatement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[License Board or Authority Name]

[Board Address]

[City, State, Zip Code]

Dear [License Board/Authority],

I am writing to formally request the reinstatement of my [Specify License Type] license, which was revoked on [Insert Date of Revocation]. I understand the reasons for the initial revocation and take full responsibility for my actions.

Since the revocation, I have taken significant steps to address the issues that led to my license being suspended. These steps include [Briefly outline actions taken, e.g., completing relevant courses, therapy, community service]. I believe these efforts demonstrate my commitment to [Field/Profession] and to adhering to the ethical standards required of a licensed professional.

I am eager to return to my profession and contribute positively to the community. I have learned valuable lessons during this time and am prepared to comply with any additional requirements set forth by your office to regain my license.

Thank you for considering my request. I am looking forward to the opportunity to discuss my reinstatement in further detail.

Sincerely,

[Your Name]

[Your License Number]