

# Petition for Reinstatement of Occupational License

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Licensing Board/Agency Name]

[Board/Agency Address]

[City, State, Zip Code]

Dear [Board/Agency Name],

I am writing to formally petition for the reinstatement of my occupational license, which was suspended/revoked on [Date of suspension/revocation]. My license number is [License Number]. I understand the reasons for the suspension/revocation and have taken the necessary steps to address the underlying issues.

Since the suspension/revocation, I have completed [list any required courses, therapy, or other relevant actions]. I have also [mention any additional steps taken to improve or rectify the situation, such as community service or letters of recommendation].

I am committed to upholding the standards of my profession and have made significant efforts to ensure that such issues will not arise in the future. Attached are documents supporting my case, including [list any attached documents, such as courses completed, letters of recommendation, etc.].

I kindly request a hearing to discuss my petition for reinstatement and to provide further information regarding my commitment to my professional responsibilities.

Thank you for considering my petition. I look forward to your favorable response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]