



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 Retired License Status Fee \$350

FEES ARE NON-REFUNDABLE

*NOTE: Eligibility requirements for placement in a retired status may be found in California Code of Regulation section 4573.

FOR PROFESSIONAL FIDUCIARIES BUREAU USE ONLY	
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
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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 enclosed an updated annual statement.
- I have enclosed the retired license application fee as required in subdivision (g) 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 place my license in a retired status are true and accurate.

I do not intend to practice while my license is in a retired status unless exempt under the Professional Fiduciaries Act; and,

My license is in good standing and I am not aware of any pending administrative or judicial proceeding against my license that may result in the loss of good standing.

 Signature of Licensee _____
 Date

