

Construction Supervisor License Reinstatement Application

Applicant Information

Full Name:

Address:

Phone Number:

Email:

License Information

License Number:

Date License Expired:

Reason for Suspension/Expiration:

Reinstatement Details

Justification for Reinstatement:

Attach Supporting Documents:

Choose File

No file selected

Affirmation

☐ I affirm that the above information is true and complete.

Signature:

Date:

Submit Application