



2020 PST Renewal Application Packet Check-Off

Date: _____

Agency Information

Name of Submitting Agency

Name of person to contact for questions with this packet

Contact Email

Contact Phone #

Payment Information

Business Check

Cashier's Check

Money Order

Amount _____

Number _____

Date _____

Application Counts- **Attach a list of each application included in this packet**

Total Number of Applications _____

Voluntary Inactive Status _____

Late Applications _____

Reactivation from VI Status _____

Name Changes _____

Comments: