



**2024-25 PST Renewal Application Packet Check-Off**

Date: \_\_\_\_\_

Agency Information \_\_\_\_\_

Name of Agency \_\_\_\_\_

Name of contact person (regarding this packet) \_\_\_\_\_

Contact person Email \_\_\_\_\_ Phone \_\_\_\_\_

**Payment Form**

\_\_\_ Business Check/# \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Cashier's Check/# \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Money Order/# \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_ Total Number of Applications

\_\_\_\_\_ Late Applications

\_\_\_\_\_ Name Changes (make indication on list and include documentation)

\_\_\_\_\_ Voluntary Inactive (VI) Status

\_\_\_\_\_ Reaction from VI Status

Comments:

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