



State of California
 Commission on Teacher Credentialing
 Certification Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213

Email: credentials@ctc.ca.gov

Request to Revoke or Reinstate

Pursuant to Education section 44423, a credential holder may request that one or more of his or her credentials be revoked. This form should accompany any request for self-revocation or reinstatement of a previously self-revoked credential. Further information regarding this process can be found under the heading “How do I request that my credential or authorization be revoked?” within the Educator Discipline [Frequently Asked Questions](#). Any further questions may be sent to credentials@ctc.ca.gov.

A. PERSONAL INFORMATION

Full Legal Name (Print):	
Social Security (SSN) or Individual Tax ID Number (ITIN):	Date of Birth (mm/dd/yyyy):

B. REQUEST FOR SELF-REVOCAION OF DOCUMENT(S)

If revoking all authorizations on a document/the entire document, section C below is not required

Document(s) to be Revoked:

C. REQUEST FOR SELF-REVOCAION OF AUTHORIZATION(S)

Authorization(s) to be Revoked:
Along with this form, please submit the following to process this request: <ul style="list-style-type: none"> A completed 41-4 application. If revoking an authorization within 1 year of the expiration date of the document it is possible to renew at the same time. If interested, please include the processing fee along with your 41-4 application and this form.

D. REQUEST TO CHANGE AUTHORIZATION (for Education Specialists only)

An out-of-state prepared teacher who qualifies for a Level 1 Education Specialist Instruction Credential on the basis of a generic special education program may not have an authorization that directly matches the authorizations in California. In these situations it is possible to request that the Commission change the authorization initially listed on the document. **To request a change, the Education Specialist document must have either the RSG or R19J renewal code. If the document does not have one of these codes an authorization change cannot be processed.**

Authorization to be Revoked:	Effective date of change:
Authorization to be Added:	
Along with this form, please submit the following to process this request: <ul style="list-style-type: none"> A completed 41-4 application and current processing fee of \$100. When noting which authorization should be added please only select from Mild/Moderate (M/M), Moderate/Severe (M/S), or Early Childhood Special Education (ECSE). 	

E. REQUEST TO REINSTATE PREVIOUSLY SELF-REVOKED DOCUMENT(S) OR AUTHORIZATION(S)

Document(s) and/or Authorization(s) to be reinstated:
Along with this form, please submit the following to process this request: <ul style="list-style-type: none">• A completed 41-4 application.• The current processing fee.

By providing the information requested above and signing this form, you acknowledge the following:

- If the requested document to be revoked has a dependent document, this may require the revocation of both credentials.
- Depending on which authorization(s) remain, self-revocation of an authorization may lead to the revocation of the entire document.
- Requesting the reinstatement of a self-revoked document that the Commission no longer initially issues will result in the issuance of the closest equivalent document under current standards.

Signature _____ **Date:** _____

By signing this document, I authorize the Certification Division to make the changes indicated above with the Commission on Teacher Credentialing, and certify that the foregoing is true and correct under penalty of perjury.