

**U.S. Department of Commerce
APC/OPC Reinstatement Validation Form**

I certify that the request for reinstatement has been approved by *(Insert Bureau/Operating Units/Bureau/Operating Unit Director or Chief Financial Officer (CFO) Name)*.

_____/_____/_____
APC or OPC Signature/ Bureau/Operating Unit Code Level 2 Hierarchy Date

APC/OPC Name (Type or Print)

Please note: The Contractor may charge a reinstatement fee and conduct a credit worthiness check prior to the review for reinstatement. Requests for reinstatement may not be reviewed immediately and are rarely approved by the Contractor.