

# Withdrawal from Professional Licensing Requirements

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Licensing Board Name]

[Board Address]

[City, State, Zip Code]

Dear [Licensing Board or Appropriate Authority],

I am writing to formally withdraw my application for professional licensing as [Your Profession] with [Licensing Board Name]. Due to [brief explanation of reason, e.g., personal circumstances, career change, etc.], I have decided that it is best to no longer pursue this endeavor at this time.

I kindly request that you confirm the withdrawal of my application and any associated obligations. I appreciate the time and effort the board has extended to my application process.

Thank you for your understanding.

Sincerely,

[Your Name]