

# Request for Professional License Revocation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Licensing Board/Organization Name]

[Board Address]

[City, State, Zip Code]

## **Subject: Request for Revocation of Professional License**

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the revocation of my professional license, [License Number], issued by your esteemed organization.

Due to [briefly explain the reason for the revocation request, such as personal circumstances, career change, or ethical reasons], I believe it is in the best interest of both myself and the profession to relinquish my license.

I understand the implications of this request and assure you that my decision is made after careful consideration. Please let me know the necessary steps I must complete for this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]