

License Transfer Request for Professional Certification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the transfer of my professional certification license from [Current State/Organization] to [New State/Organization].

My details are as follows:

- Certification Type: [Insert Certification Type]
- License Number: [Insert License Number]
- Current Certification Status: [Insert Status]

I have recently relocated to [New Location/State] and wish to maintain my professional certification in accordance with your regulations. I have attached the necessary forms and documentation to facilitate this transfer.

Thank you for considering my request. I look forward to your prompt response regarding the next steps in this process.

Sincerely,

[Your Name]