

Health License Verification

Date: [Insert Date]

[Regulatory Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to request verification of the health license for [License Holder's Name], who is operating under the license number [License Number]. This verification is necessary to ensure compliance with regulatory requirements.

Please provide the current status of the above-mentioned health license, including any relevant details regarding compliance, renewal dates, and any actions taken against the license holder.

Thank you for your attention to this matter. We appreciate your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]