

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request verification of my professional license, which is required for [specific purpose, e.g., employment, continuing education]. My details are as follows:

Name: [Your Full Name]

License Number: [Your License Number]

Issued Date: [Date of Issuance]

Expiration Date: [Expiration Date]

Please send the verification to my email address above or contact me at [Phone Number] if you need any further information.

Thank you for your assistance.

Sincerely,

[Your Name]