

# Verification of Private Investigator License Credentials

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Organization]

[Your Organization Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

This letter serves to verify the private investigator license credentials of:

**[Investigator's Name]**

License Number: **[License Number]**

Issued by: **[Issuing Authority]**

Valid Until: **[Expiration Date]**

[Investigator's Name] holds a valid private investigator license and is authorized to operate in the capacity of a private investigator in accordance with the laws and regulations of [State/Country]. This verification is provided upon request and upon the consent of [Investigator's Name].

If you require any further information or confirmation, please do not hesitate to contact me at the details provided above.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]