

Trainer License Verification Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip]
[Your Email]
[Your Phone Number]

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip]

Dear [Recipient's Name],

I am writing to request verification of the trainer license for [Trainer's Name], who claims to be certified by your organization. As we prioritize the quality and credibility of our training programs, it is essential for us to validate the credentials of our trainers.

Please provide confirmation of [Trainer's Name]'s license status, including any relevant details regarding certification, expiration dates, and qualifications. Your prompt assistance in this matter would be greatly appreciated.

Thank you for your attention to this request. I look forward to your timely response.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]