

# Verification of Personal Trainer License

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify that [Trainer's Full Name] is a licensed personal trainer. Their license number is [License Number], issued by [Issuing Authority] on [Issue Date].

[Trainer's Full Name] has completed all necessary qualifications and continuing education requirements to maintain their active status as a personal trainer. The license is valid until [Expiration Date].

If you require further information or verification, please feel free to contact our office at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]