

# License Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify the licensing status of [Licensee's Full Name], who has applied for a landscape architecture license with our agency.

Licensee Information:

- Name: [Licensee's Full Name]
- License Number: [Insert License Number]
- Date of Birth: [Insert DOB]
- Issued By: [Issuing Authority]
- License Status: [Active/Inactive]
- Expiration Date: [Insert Expiration Date]

If you have any further questions or require additional information, please feel free to contact our office at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]