

Engineering Practice License Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Department/Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my engineering practice license application dated [insert date of application]. My application was denied due to [briefly state the reason for denial].

After careful consideration, I believe that the decision may not fully reflect my qualifications and experience. [Provide a brief background on your education, experience, and any relevant credentials. Explain why you believe the decision should be reconsidered.]

I kindly request a review of my application and the opportunity to provide any additional information that may aid in your decision-making process. I am confident that my background and dedication to the engineering profession warrant reconsideration.

Thank you for your time and attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]