

Professional License Renewal Request

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Board Name]

[Organization Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request the renewal of my professional license, [License Number], which is set to expire on [Expiration Date]. I have completed the required continuing education credits and have attached the relevant documentation for your review.

As a committed professional in [Your Field/Industry], I understand the importance of maintaining my licensure to ensure compliance with state regulations and to provide the highest quality of service to my clients. I would appreciate your guidance on any necessary steps or forms that need to be completed for the renewal process.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title/Position]