

Transportation Service Permit Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to inquire about the transportation service permit for non-emergency medical transport services. As a [your position, e.g., manager, owner, etc.] of [Your Company Name], I am interested in understanding the requirements and application process for obtaining the necessary permits to operate legally in our region.

Specifically, I would like to know:

- The specific documentation required for the permit application.
- The fees associated with the application process.
- The estimated processing time for the permit.
- Any relevant regulations or guidelines that we must adhere to.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]