

# License Verification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request verification of the professional license held by [License Holder's Name] which was issued by [Issuing Authority] on [Issue Date]. This verification is required for [reason for request or purpose of verification, e.g., employment, compliance, etc.].

Details of the license are as follows:

- License Type: [Type of License]
- License Number: [License Number]
- Issue Date: [Issue Date]
- Expiration Date: [Expiration Date]

Please let me know if you require any additional information or documentation to process my request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you.

Sincerely,

[Your Name]