

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Name of Regulatory Authority]

[Department Name]

[Address]

[City, State, Zip Code]

RE: Voluntary Surrender of License [License Number]

To the Licensing Department,

I am writing to formally notify [Regulatory Authority Name] of the intent to voluntarily surrender the following license:

- **License Type:** [Type of License, e.g., Professional/Business]
- **License Number:** [Number]
- **Effective Date of Closure:** [Date]

This decision is due to [brief reason: e.g., retirement, business dissolution, or relocation]. I confirm that as of the effective date, all regulated activities under this license have ceased. I have enclosed the original license certificate with this letter as required.

Please confirm receipt of this notification and provide written verification that the license has been successfully cancelled and the file closed. Should you require any further documentation or information regarding this closure, please contact me at [Phone Number] or [Email].

Thank you for your assistance in this matter.

Sincerely,

[Signature]

[Printed Name]

[Title/Position]