[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient Name/Department]
[Recipient Company/Agency Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Verification of Trade License and Professional Certification

To Whom It May Concern,

I am writing to formally request the verification of the trade license and professional certifications for [Name of Individual or Business Being Verified].

The details for the entity/individual are as follows:

- **Business/Individual Name:** [Name]
- **Trade License Number:** [License Number]
- **Certification/License Type:** [e.g., Electrical, Plumbing, General Contracting]
- **Issuing Authority:** [Name of Issuing Body]

Please confirm the current status of the aforementioned license and whether it is active, in good standing, and free of any pending disciplinary actions or expiration issues. Additionally, please verify the expiration date of the current coverage or certification period.

This information is required for [state reason, e.g., contract compliance, employment verification, or vendor onboarding].

Thank you for your assistance. Please provide the verification via email at [Your Email Address] or by mail at the address listed above.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Job Title]