

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

[Recipient's Name]  
[Recipient's Title]  
[Institution/Organization Name]  
[Institution/Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the issuance of my DXY certification. I have successfully completed all necessary requirements and believe that obtaining this certification will greatly enhance my professional credentials.

I have attached all required documentation for your review, including proof of my completed coursework and any additional information pertinent to my application.

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

Sincerely,

[Your Name]  
[Your Job Title or Position]  
[Your Company/Organization Name, if applicable]