

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Department of Health and Human Services]  
[Office Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for HHS Registration

I am writing to request registration with the Department of Health and Human Services (HHS) for [briefly state the purpose, e.g., "my healthcare practice," "our research project," etc.].

[Explain the reason for the registration, including any relevant details such as the nature of your work, its benefits, and any deadlines or requirements you need to meet.]

I have attached all necessary documents to support my application, including [list documents, e.g., "business license," "research proposal," etc.].

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

Sincerely,

[Your Name]  
[Your Title, if applicable]  
[Your Organization, if applicable]