

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

Dear [Recipient Name],

I am writing to formally request the issuance of my Licensed Practical Nurse (LPN) license. I have completed all necessary coursework and clinical requirements as mandated by [State/Nursing Program].

Enclosed are copies of my transcripts, proof of completion of my nursing program, and any other required documentation. I have also included the application fee as specified in the guidelines.

I appreciate your prompt attention to my request and look forward to your response. Thank you for your assistance.

Sincerely,

[Your Name]

[Your LPN Program/School Name] (if applicable)