

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

New Jersey Division of Motor Vehicles
P.O. Box 160
Trenton, NJ 08666

Subject: License Renewal Request

Dear Sir/Madam,

I am writing to request the renewal of my New Jersey driver's license, which is set to expire on [expiration date]. My license number is [license number].

Please find enclosed the necessary documents:

1. Completed license renewal application form
2. Proof of identity (copy of current driver's license)
3. Payment for renewal fee (check/money order)

I would appreciate your prompt attention to this matter as it is crucial for my daily activities. If you require any further information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Name]