

[Your Agency's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Letter of Agency for PCC Application

Dear [Recipient's Name],

We, [Your Agency's Name], hereby authorize [Applicant's Name], bearing identification number [ID Number], to act on our behalf in the application for a Police Clearance Certificate (PCC). This authorization is valid for the duration necessary to process the said application.

Details of the Applicant:

- Full Name: [Applicant's Full Name]

- Date of Birth: [DOB]

- Address: [Applicant's Address]

Our agency ensures that all information provided is accurate and in compliance with local regulations. Should you require further verification, please feel free to contact us at [Agency Phone Number] or [Agency Email Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Agency's Name]

[Agency's Phone Number]

[Agency's Email Address]

[Agency's Address]