

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

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

Dear [Recipient's Name],

Subject: Application for Person with Disability (PWD) Certificate

I am writing to formally apply for a Person with Disability (PWD) certificate as part of the requirements for [state the purpose, e.g., "accessing state benefits," "employment opportunities," etc.].

I am a resident of [Your City/State] and have been diagnosed with [specific disability or condition] as confirmed by [mention any relevant medical professional or institution]. Attached to this letter, you will find the medical documents and reports validating my condition.

I kindly request that my application be processed at your earliest convenience, as it will greatly assist me in [mention how the certificate will help you]. Should you require any further information or documentation, please feel free to contact me using the details provided above.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]