

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

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

Dear [Recipient Name],

Subject: Application for Persons with Disabilities (PWD) Identification

I hope this letter finds you well. I am writing to formally apply for the Persons with Disabilities (PWD) identification card as part of my rights under [relevant law or policy].

1. ****Personal Information****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Current Address]
- Contact Number: [Your Phone Number]

2. ****Nature of Disability****

- [Briefly describe the nature of your disability and any relevant medical information supporting your claim.]

3. ****Supporting Documents****

- [List any documents you are attaching, such as medical certificates, previous identification, or other relevant paperwork.]

4. ****Purpose of Application****

- [Explain why you are applying for the PWD ID and how it will benefit you.]

Thank you for considering my application. I am looking forward to your prompt response. Should you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Signature (if submitting a hard copy)]