

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

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

Dear [Recipient's Name],

Subject: Application for Person with Disability (PWD) Approval

I hope this letter finds you well. I am writing to formally request approval for my application for the Person with Disability (PWD) certification.

I have attached all necessary documents, including my medical reports and identification, to support my application. My condition has significantly affected my daily life, and obtaining this certification will greatly assist me in accessing essential services and benefits.

I kindly request that you process my application at your earliest convenience. If any additional information or documents are required, please do not hesitate to contact me.

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

Sincerely,
[Your Name]