

[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: Request for Persons with Disabilities (PWD) Certification

I hope this letter finds you well. I am writing to formally request certification under the Persons with Disabilities (PWD) program.

I am [briefly describe your disability or condition], which significantly impacts my daily life and functioning. I have attached relevant medical documents and a physician's certification to support my application.

This certification is crucial for me to access necessary support services and benefits that will greatly enhance my quality of life. I kindly ask for your assistance in expediting this process.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]