

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am delighted to inform you that your application for the ZPASS program has been accepted. We appreciate your interest and enthusiasm in participating.

Please find the details of your acceptance below:

- **\*\*Name\*\***: [Your Name]
- **\*\*ZPASS ID\*\***: [ID Number]
- **\*\*Effective Date\*\***: [Date]
- **\*\*Program Duration\*\***: [Duration]

As a ZPASS holder, you will have access to [list any benefits or services]. We encourage you to review the enclosed materials which provide more information about your participation and benefits. If you have any questions or need further assistance, please do not hesitate to reach out.

Congratulations and welcome to the ZPASS program!

Sincerely,

[Your Name]  
[Your Title]  
[Company/Organization Name]