

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

[Recipient's Name]
[ZVAC Department/Office Name]
[ZVAC Address]
[City, State, Zip Code]

Subject: Request for License Cancellation

Dear [Recipient's Name],

I am writing to formally request the cancellation of my ZVAC license,
with the license number [insert license number], effective immediately.

[Optional: Briefly explain the reason for cancellation, e.g., change in
business operations, personal circumstances, etc.]

Please confirm the cancellation of my license at your earliest
convenience. If you require any further information or documentation, do
not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,
[Your Name]