



Occupational and Professional Licensing Administration

Request for Letter of Certification

Use this form to request an official Letter of Certification for your District of Columbia License. Print or type all information on this form and include the correct fees.

LICENSEE NAME _____

Fee: \$30.00 for each letter of certification

Please enclose **certified check or money order** made payable to "**DC Treasurer.**" Do not send cash. You will receive your Letter of Certification in approximately two weeks.

SEND YOUR REQUEST TO:

Occupational and Professional Licensing Administration
1100 4th Street, SW, Suite 500
Washington, DC 20024

AMOUNT ENCLOSED: \$_____ (\$30/each certification)

License Type _____ License Number: _____

Address to where certification will be mailed:

Name _____

Street _____

City _____ State _____ Zip _____

Phone (____) _____

If the above information was different at the time you were tested, please indicate former name or address below:

Name _____

Street _____

City _____ State _____

Licensee Signature

_____ Date _____