VERIFICATION OF LICENSURE

Date:

To:

Please be advised that as a condition of my employment with ,_____ I hereby authorize release of information relative to the status of my license or registration as a _____within the state of _____.

Please certify below and return to:

Firm _____

Address

Attn: _____

Thank you.

_____

CERTIFICATION

This will certify that the above, _____ , is duly licensed in the State of _____as a _____, and said license, or registration is in good standing with no disciplinary or revocation proceedings pending.

Dated:_____

_____
Certifying Official

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