

[Current Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

RE: Notice of Department of Labor (DOL) Recertification Requirement

Dear [Recipient Name],

This letter is to inform you that it is time to renew your certification regarding [Specific Program/Benefit Name]. To ensure there is no interruption in your status, the Department of Labor requires a periodic recertification of your eligibility.

Please find the following document enclosed:

- **Department of Labor Recertification Form [Form Number/Name]**

Instructions:

1. Review all pre-printed information for accuracy.
2. Complete all blank sections of the enclosed form.
3. Attach any required supporting documentation as listed in Section [X].
4. Sign and date the form.

Please return the completed form and documents in the provided envelope or via [Submission Method] by no later than [Due Date]. Failure to submit this recertification by the deadline may result in a suspension of [Benefits/Services].

If you have any questions or require assistance completing the form, please contact our office at [Phone Number] or visit [Website].

Sincerely,

[Your Name/Representative Name]

[Your Title]

[Organization/Department Name]

Enclosure: Department of Labor Recertification Form