Date:

To Whom It May Concern,

_____ is an *(circle: employee/apprentice/unpaid essential employee)* at _____**,** which qualifies as an *(circle: agricultural/food processing/ food distribution)* place of employment and qualifies them for the current tier of vaccinations.

Our NAICS code is _____, our Tax ID Number is _____, and they have been with us in a formal capacity since _____.

We have been advised by city and state officials this letter serves as sufficient employment verification as there is no consistent industry license or employment ID.

Please direct any questions to our organization at _____.

Sincerely,

Website:

Email:

Phone Number: