

REQUEST FOR RECONSIDERATION OF ELIGIBILITY

Candidates who have been denied certification or recertification based on eligibility may request reconsideration of the decision.

The appeal must be submitted in writing to the NAWCO Certification Manager within 30 days of the initial decision of the Certification Committee.

Name:			Date:
Type of Denial:	☐ Certification [☐ Recertification	Date of Denial:
Reason for Denial:	☐ Work Experience ☐	Application Information	☐ Training ☐ License
☐ Other:			
OFFICE USE			
Date Received:		Date Certification Commi	ttee Review:
Disposition:		Final Decision:	
Please provide the following information and submit any supporting documentation that you feel is relevant and may substantiate your request.			
1. Decision Being Appealed:			
2. Basis for the Appeal: (Reasons that you feel you are eligible for certification/ recertification, and how you comply with the eligibility requirements.)			
I attest that all information supplied is true and relevant to this request. I understand that that the Certification Committee will render the final decision after a thorough review of all supporting information supplied.			
Signature:		Date:	

Form#: CC201.1