

## Certification Appeals Form

Name of Person Filing an Appeal:

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First Name

Last Name

Contact Information:

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Email

Phone

Are you safety certified transportation project professional? (Circle One)

**Yes**

**No**

Please Select the Option that best describes the reason for your appeal:

- Appeal for the denial of initial certification
- Appeal for the denial of recertification
- Appeal for the denial of request for special accommodations (ADA)

*The request for appeal must be submitted in writing via the certification appeals form within 30 days of the receipt of the decision related to the complaint. All requests for appeals must be submitted to the certification department.*

Please provide detailed information regarding your appeal:

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The certification department will acknowledge receipt of your appeal within five business days.