



Certification Status Appeal Form

Instructions: Use this form to appeal the decision letter you received as the result of a Complaint filed with the CICC, or a Disciplinary Action taken by the CICC Professional Ethics and Disciplinary Committee (PEDC). You must provide an answer for each section. You must include evidence and basis of bias, fraud, discrimination, or manifest error in the determination of certification status. Your appeal must be received by the CICC within 90 days of the date of your decision letter. Submit your signed appeal form and supporting documentation via email to: CICC@carpenters.org, or via ground mail to:

Carpenters International Certification Council, 212 Carpenters Union Way, Las Vegas, NV 89119-4218

Certification Program Name <input style="width: 90%;" type="text"/>	Test type <input type="checkbox"/> Written <input type="checkbox"/> Practical	Test date (MM/DD/YYYY) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>
Name (last, first) <input style="width: 95%;" type="text"/>		
UBC ID (8 digits) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Primary phone number <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	Can a message be left at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary email address (if available) <input style="width: 95%;" type="text"/>		
Return address, city, state, zip code <input style="width: 95%;" type="text"/>		
Attach the following documentation as appropriate: <ol style="list-style-type: none"> 1. Copy of your original Complaint form and CICC decision letter*, or 2. Copy of Professional Ethics and Disciplinary Committee (PEDC) decision letter* for disciplinary action <p><small>*If you do not have a decision letter do not file this Appeal form. You must first submit a Complaint form.</small></p>		
Supporting documentation (choose one) <input type="checkbox"/> Additional documents are attached <input type="checkbox"/> No additional documents are attached		
Detailed statement of the grounds for appeal <div style="border: 1px solid gray; height: 150px; width: 100%; margin-top: 5px;"></div>		
<p><small>*If additional space is required, please attach a separate sheet of paper 8 ½" x 11" in size.</small></p>		

Submission of this form with your signature verifies that all your statements are true and accurate.

Signature:

Date signed: / /

Office Use Only		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date received	Received by	Case number