

**AMERICAN INSTITUTE OF CONSTRUCTORS
CONSTRUCTOR CERTIFICATION COMMISSION**

APPEAL FORM

Instructions:

Fill out all fields in the form, and return it the AIC Constructor Certification Commission (CCC) National Office with all applicable filing fees and supporting documentation. Filing fees for each different type of appeal are listed on the last page of this form.

The CCC recommends that you include written supporting documentation clearly stating the specific basis upon you feel that there has been an error in an adverse decision. You must submit this form within 30 days of your having been notified of the adverse decision.

While it is not required, you have the right to retain legal counsel in the preparation of your appeal, and in the preparation of this form.

If you are appealing more than one adverse decision, then you must fill out a separate copy of this form for each decision that you are appealing.

Completed forms should be emailed to info@professionalconstructor.org or faxed to 571-527-3105.

When to Use This Form:

Use this form when you have been the subject of a specific adverse decision by the CCC that you believe was delivered unjustly, and that you would like to have reconsidered.

Examples of adverse decisions include:

- Denial of admission to take an examination
- Denial of request to transfer or reschedule examination:
- Delivery of a failing score on an examination
- Denial of initial certification
- Denial of renewal of certification
- Revocation of active certification status

When Not to Use This Form:

Do not use this form if you have not been the subject of a specific adverse decision by the CCC. If you would like to give general feedback (positive or negative), file a general complaint, or make a comment or suggestion, then please visit the CCC website at www.professionalconstructor.org for the current procedures for those activities.

Review Process:

Please allow up to 2-3 weeks for your appeal to be reviewed. If the appeal result is in your favor you will be refunded your appeal fee. All appeals are reviewed by the Commission's Appeal Committee. Decisions on appeals are final.

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APPEAL FORM

Part I: Basic Information

Name: _____

Address: _____

City: _____ State: _____ Postal: _____

Phone: _____ Email: _____

Part II: Type of Appeal (Check One)

Denial of admission to take or reschedule an exam

Delivery of a failing score on an examination

Denial of initial certification

Denial of renewal of certification

Revocation of active certification status

Other: _____

Date You Were Notified of the Decision: _____

Date of Exam (If Applicable): _____

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Briefly describe the circumstances of your appeal below.

You may include additional copies of this page, or include a separate letter detailing the circumstances of your appeal, if you need additional space.

The CCC strongly recommends that you include additional written documentation of the circumstances behind your appeal, if applicable. The Appeals Committee operates independently of the main CCC office to ensure impartiality, and may not have access to certain documents unless you provide them along with this form

Verification: I am either the appellant listed in Section I above, or an authorized representative of the appellant. I certify that all information in this appeal, and in all supporting documentation, is true and correct to the best of my knowledge. I have enclosed all applicable filing fees, as described in the fee schedule below.

Name: _____

Signature: _____ Date: _____

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Part III. Payment Information

Appeal Request Fee Schedule

Denial of admission to take examination:

___ Level I Examination - \$40.00

___ Level II Examination - \$50.00

Denial of initial certification:

___ Level I Examination - \$30.00

___ Level II Examination - \$60.00

Revocation of active certification status

___ Level I Examination - \$50.00

___ Level II Examination - \$100.00

Failure of Certification Examination

___ Level I Examination - \$30.00

___ Level II Examination - \$60.00

Denial of renewal of certification:

___ Level I Examination - \$25.00

___ Level II Examination - \$50.00

Pay By Credit Card (Visa, MasterCard, Discover, and American Express Accepted)

Name on Card: _____ Signature: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Amount: _____

Checks may be submitted along with this form to:

19 Mantua Road

Mount Royal, NJ 08061

Completed forms may be emailed to info@professionalconstructor.org or faxed to 571-527-3105.

Appeal Checklist

Did you include.....

- Completed and Signed Appeal Form?
- Additional Supporting Documentation?
- Filing Fees?