



NATIONAL ASSOCIATION OF FIRE INVESTIGATORS
4900 Manatee Ave W Unit 104, BRADENTON, FLORIDA 34209
1-877-506-NAFI 1-941-242-2323

CERTIFICATION APPEALS

APPELLANT

NAME: _____

NAFI Membership Number: _____

ADDRESS: _____

PHONE No: _____ EMAIL Address: _____

Application Denial Exam Failure Recertification Denial

BASIS FOR APPEAL

PLEASE DESCRIBE IN DETAIL HOW YOU FEEL THAT THE ACTIONS TAKEN AGAINST YOU WERE UNFAIR, UNJUST OR VIOLATED NAFI/ICB PROCEDURES AND POLICIES. SUPPLY ANY DOCUMENTATION THAT YOU FEEL SUPPORTS YOUR CLAIM.

Signature of Appellant

Date

Please send form to:

Kathryn Smith, Chairman Board of Governors
ksmith@nafi.org

OFFICE USE ONLY

Date Received _____
Date Forwarded to ICB. _____
Date Forwarded to Board _____

CERTIFICATION APPEALS

Date Appeal Received _____

Date of ICB Review _____

Date Presented to Board of Governors _____

Hearing Date _____

All Parties Notified of Final Decision _____

Date File Closed _____

COMMENTS _____

CERTIFICATION APPEALS

INVESTIGATION ASSIGNED

YES _____ NO _____

RECOMMENDATION OF INTERNATIONAL CERTIFICATION BOARD

Signature of Chairman, ICB

Date

BOARD OF GOVERNORS ACTION

Signature of Chairman, BOG

Date

ACCUSED MEMBER NOTIFIED OF ICB ACTION

Date _____

COMPLAINANT NOTIFIED OF ICB ACTION

Date _____