



BSS NDT Pvt. Ltd

INITIATING A FORMAL APPEAL AGAINST THE CERTIFICATION BODY FOR FAILURE TO CERTIFY

Name of Appellant:	Date of appeal:
Appellant's telephone number:	Appellant's email address:
Appellant's address:	
If you are making an appeal on behalf of an Employer please complete the shaded boxes:	Appellant's Company/Employer:
Nature of Company/Employer business:	Appellant's position in Company:
Name of individual the failure to certify affected if different from the Appellant:	Unique Certification Number of Individual:
Summary of appeal:	
Signature of Appellant:	Date:

All complaints or appeals must be made in writing. Please send or email to info@bssndt.com