

CHALLENGE & APPEAL FORM



SELECT ONE

- Challenge Examination Item
 Appeal Final Examination Score
 Appeal Revoked Certification
 Other

Full Name:	NIRI ID:
Address:	City, State, Zip Code:
Phone:	Email:

STATEMENT

This statement should include, but is not limited to, the nature of the challenge or appeal, the facts, supporting items, and the requested outcome.

.....

.....

.....

.....

.....

.....

Signature

Date

FOR OFFICE USE ONLY	
Received by	Date
Reviewed by	Date
Action/Order Taken	Date
Resolved by	Date
Comments	

Please print, attach supporting documents, and email this form to certification@niri.org or mail it to:
 NIRI – Investor Relations Charter
 225 Reinekers Lane, Suite 560
 Alexandria, VA 22314