



PERSONAL TRAINING ACADEMY GLOBAL
Certification Board

APPEALS FORM

Title of Course/Program: _____

Type of Course/Program: _____

Company Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Home/Cell Phone _____

Company Website _____

Email _____

Fax _____

Reason for Appeals Request (provide brief explanation here, attach all other information)

Please include the following items

1- Completed Appeals Form

2- Supporting Evidence/Information in Writing

3- \$25 Appeals Fee

Mail, fax, or email to:

PTA GLOBAL CB

1774 Platte Street

Denver, CO 80202

Fax: (720) 294-1337

Email: certificationboard@ptaglobal.com

Payment info: Credit Card

Money Order

Company Check

Card Number _____ Exp. Date _____ CVV Code _____

Signature _____ Date _____

Feel free to call us if you have questions or concerns about filling out the appeals application.

(720) 633-8712