



## CKCA Certification Testing Program - Appeal Form

The following shall be completed by the manufacturer

CKCA CERTIFICATION TESTING PROGRAM APPEAL FORM	
<b>SECTION A</b> (Please complete and fax and mail to CKCA Certification Program office)	
Name of Company (Please print)	Date (dd/mm/yyyy)
Name of Contact Person	Telephone (      )
Title	Fax (      )
E-mail (if applicable)	Cellular (if applicable) (      )
Name of Testing Agency	
Name of Contact Person	
Telephone (      )	Fax (      )
<b>Testing Program Information</b> Please review and ensure that all of the following are complete prior to submitting samples for test.	
Report/Testing Program Reference Number	Date(s) Tested
<b>Reason(s) for Failure</b> (Please describe and or attach report)	
<b>Supporting Evidence for Appeal</b> (Please describe and/or attach supporting evidence or documentation)	
<b>For Office Use Only</b> (to be completed by the CKCA Certification Head Office)	
Appeal Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	If Appeal is not approved, please complete additional Corrective Action or Appeal Form(s)
Signature of CKCA Officer	<b>X</b>
Date (mm/dd/yyyy)	
Please fax and mail completed registration to: CKCA Certification Testing Program Canadian Kitchen Cabinet Association, 130 Albert Street, Ottawa, ON, K1P 5G4, Tel: 613-567-9171, Fax: 613-567-4664	