

This form can be used to submit an appeal related to a certification decision reached by Liftek Technical. Please complete all fields in the form:

Candidate Name:	
Candidate No:	
Candidate Address:	
Contact Phone Number:	
Contact Email Address:	
Date of Exam:	
Batch No: (if available):	
Name of Exam:	
Type of Exam (Oral/Written or	
Practical):	
Certification Decision:	
Reason for Appeal/Complaint: (Please provide as much detail and supporting evidence as possible. This will form the basis for the re-	
assessment of the certification decision. Where necessary, please include additional pages):	
Expected Outcome:	
Date	
Signature	
REF No: (to be filled by LTSSC staff)	

Please print, complete, scan and return this form to appeals-lts@liftek-intl.com

Alternatively, completed forms can be returned to: Operations Manager, Liftek Technical Safety & Security Consultancies Office 803, Suntech tower, Silicon oasis Dubai, UAE

For any questions, please contact LTS@liftek-intl.com

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