



**APPLICATION TO APPEAL IBOC EXAMINATION
Form 12.9.1**

Name: _____ Telephone: _____

Address: _____

Email: _____

I wish to appeal against the outcome of the CTA / TSTA written examination / oral examination (delete as applicable).

Date of examination: _____

I enclose (*tick*):

- A copy of my written examination and the evaluation I have received
- A recording of my oral examination
- Copies of my oral exam tapes
- A copy of my oral exam score sheet

The grounds for my appeal are as follows: (Please refer to the appeals procedure)

(continue on another sheet or overleaf if necessary)

Signed: _____ Date: _____

Send this form with all the above documentation to the IBOC Office.