

Petition for Reconsideration

Instructions

Who should submit a Petition for Reconsideration to the Center for Financial Certifications (“CFC”):

A. A potential Applicant who wishes to submit an Application, but who believes they may not meet one or more of the Candidate Fitness Standards articulated in Article V(B) of the Certification Policies and Standards and/or Section 2.2 of the Voluntary Pre-Screening Questionnaire, may submit a Petition for Reconsideration to CFC.

B. An Applicant or Certificant whose Application was Denied because they do not meet one or more of the Candidate Fitness Standards articulated in Article V(B) of the Certification Policies and Standards may submit a Petition for Reconsideration to CFC.

Information to be submitted:

The Petition for Reconsideration shall contain information and supporting documentation as to the type, scope and nature of the issue(s) in question which is sufficient to allow CFC to make a final determination as to whether the Applicant meets the Candidate Fitness Standards. Petitions and supporting documentation must be in printed format to ensure clarity, and CFC reserves the right to reject handwritten submissions.

Incomplete or illegible Petitions will be denied without review and without refund.

This form is your opportunity to present evidence and arguments in support of approving your Application for Certification. You should include all information you believe weighs in your favor, as the Center for Financial Certifications will make a decision based solely on the information provided in this Petition and in your Application. All decisions made on this Petition are final.

An Applicant that does not meet the Candidate Fitness Standards will have their Petition denied, and all fees are non-refundable.

Submission Instructions:

Your confidentiality is important to CFC. In order to maintain your confidentiality, please submit this Petition and any supporting documentation by either first class mail or overnight courier (i.e. FedEx, UPS, etc) to the following address:

Center for Financial Certifications
Director of Certifications - PFR
PERSONAL AND CONFIDENTIAL
260 Western Ave., Suite 1
South Portland, ME 04106

Applicant Information

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Questions

1. Have you read the above instructions for this Petition?

Yes No

2. Have you read the Center for Financial Certifications' Policies and Standards which are available at www.FinCert.org/portal.html?

Yes No

3. Have you read the Center for Financial Certifications' Application and Renewal Procedures which are available at www.FinCert.org/portal.html?

Yes No

4. Have you ever been convicted of a felony?

Yes No

If yes, for each conviction please list the date of conviction, the state in which the conviction occurred, the specific court in which you were convicted, the crime for which you were convicted, your sentence at the time of your conviction, the name under which you were convicted if it was not the name under which you have completed this Petition, and a brief description of the circumstances of the crime and your conviction. Attach additional sheets if necessary.

4a.

Date:	State:	Court:
Crime:	Sentence:	
Name Convicted Under if Different:		
Description:		

4b.

Date:	State:	Court:
Crime:	Sentence:	
Name Convicted Under if Different:		
Description:		

4c.

Date:	State:	Court:
Crime:	Sentence:	
Name Convicted Under if Different:		
Description:		

4d.

Date:	State:	Court:
Crime:	Sentence:	
Name Convicted Under if Different:		
Description:		

5. Have you ever had a professional license or certification suspended or revoked (unless the suspension or revocation was administrative in nature, i.e. failure to pay dues)?

Yes No

If yes, for each suspension or revocation ("Action"), please list the date of the Action, the type of Action (i.e. suspension or revocation), the licensing or certifying body, the license or certification, the duration or length of the Action, the name under which you were licensed or certified if it was not the name under which you have completed this Petition, and a brief description of the grounds or reasons for the Action. Attach additional sheets if necessary.

5a.

Date:	Action:	Body:
Lic/Cer:	Duration:	
Name Lic'd/Cert'd Under if Different:		
Description:		

5b.

Date:	Action:	Body:
Lic/Cer:	Duration:	
Name Lic'd/Cert'd Under if Different:		
Description:		

5c.

Date:	Action:	Body:
Lic/Cer:	Duration:	
Name Lic'd/Cert'd Under if Different:		
Description:		

5d.

Date:	Action:	Body:
Lic/Cer:	Duration:	
Name Lic'd/Cert'd Under if Different:		
Description:		

6. Have you ever filed bankruptcy?

Yes No

If yes, for each filing please list the date of filing, the specific bankruptcy district in which you filed, the chapter which you filed, your discharge date, the name under which you filed if it was not the name under which you have completed this Petition, and a brief description of the circumstances which led to your filing. Attach additional sheets if necessary.

6a.

File Date:	District:	Chapter:	Discharge Date:
Name Filed Under if Different:			
Description:			

6b.

File Date:	District:	Chapter:	Discharge Date:
Name Filed Under if Different:			
Description:			

7. Have you had more than one judgment lien filed against you?

Yes No

If yes, for each judgment lien please list the date of lien, the state in which the lien was filed, the specific court in which the lien was filed, the current status of the lien, the name of the individual or entity that filed the lien against you, the name under which the lien was filed against you if it was not the name under which you have completed this Petition, and a brief description of the circumstances which led to the lien being filed against you. Attach additional sheets if necessary.

7a.

Date:	State:	Court:	Status:
Filing Party:			
Your Name if Different:			
Description:			

7b.

Date:	State:	Court:	Status:
Filing Party:			
Your Name if Different:			
Description:			

7c.

Date:	State:	Court:	Status:
Filing Party:			
Your Name if Different:			
Description:			

7d.

Date:	State:	Court:	Status:
Filing Party:			
Your Name if Different:			
Description:			

8. Is there any additional information you would like the Center for Financial Certifications to consider with regard to your Application that you believe is relevant to our analysis of the information you have provided above? Attach additional sheets if necessary.

Additional information:

You are welcome to attach additional information and documentation you feel is necessary or appropriate, however you must, at minimum, answer questions 1-5 and their applicable subparts in order for your Petition to be considered.

Applicant Affirmation

By signing below, I state that I have completed this form myself and have stated all information accurately. I understand that the Center for Financial Certifications will make its decision based on the information I have submitted with this Petition and on my Application, and that all decisions of the Center with regard to this Petition are final.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

PETITION FOR RECONSIDERATION FEE MUST BE ATTACHED OR PETITION WILL NOT BE CONSIDERED

Petition for Reconsideration Fee Form

Asterisk denotes mandatory field.

Name of Individual Petitioning for Reconsideration*: _____

6SFwAX3bb[USf[a` : _____

Petition Fee: \$50.00

For Office Use:

Payment Information – Please charge my:

Visa

Mastercard

Discover

Check

Billing Address*: _____

City*: _____ State*: _____ ZIP*: _____

Name as it appears on card: _____ Exp. Date: _____

Card Number (16 digits): _____ CVV: _____

Check Routing Number: _____ Check Number: _____

Check Account Number: _____

By signing below, I authorize the Center for Financial Certifications to collect fees in the amount of **\$50.00** from me using the method identified above.

Requesting Party Signature

Date

**FORM MUST BE SIGNED REGARDLESS OF PAYMENT METHOD
FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**