



SERVICE CANCELLATION REQUEST FORM

Name:			
	Last Name	First Name	Middle Name

Date of Birth:	Month:		Day:		Year:		File Number:	
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INSTRUCTIONS

Please fill in all of the information below in order to process your cancellation of service request. Mail or Fax completed form to:

FCCPT
124 West Street South, 3rd Floor
Alexandria, VA 22314-2825, USA
Fax: 703-684-8715

Service: _____

Service Start Date: _____
(MM/DD/YYYY)

TERMS AND CONDITIONS

1. There will be no refund if your request to cancel a service arrives after five (5) business days from the submission of your application.
2. Any included and/or duplicate reports associated with a request to cancel a Primary Service (Type 1 Review, Educational Credentials Review, or PTA-EER) will be cancelled as part of this request.
3. If you subsequently reapply for the service, the full fee of the service will be required at time of application.
 - a. FCCPT fee schedule is subject to change; the fee at time of initial application may not be the same if/when you return to apply at a later date.

ATTESTATION

Note: Do not submit this form unless you understand and agree to the following terms.

1. I certify that I am the applicant named on this form.
2. I certify that to the best of my knowledge, the supplied information is true, accurate and complete.

This form will not be processed without your signature.

Signature

Date