



PERSONAL TRAINING ACADEMY GLOBAL
Certification Board

HAND SCORED EXAM REQUEST FORM

Title of Course/Program: _____

Type of Course/Program: _____

Company Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Home/Cell Phone _____

Company Website _____

Email _____

Fax _____

Reason for Request (provide evidence/justification here, attach sheets as necessary)

Please include the following items

1- Completed Request Form

2- \$25 Non-Refundable Fee

Mail, fax, or email:

PTA GLOBAL CB
1774 Platte Street
Denver, CO 80202
Fax: 303.938.5032
Email: certificationboard@ptaglobal.com

Payment info: Credit Card Money Order Company Check

Card Number _____ Exp. Date _____ CVV Code _____

Signature _____ Date _____

Feel free to call us if you have questions or concerns about filling out the appeals application.
(720) 633-8712