



# Request for 2<sup>nd</sup> File Review

**OFFICE USE ONLY**

	Date
Request Received	
File Reviewed	
Applicant Notified	

\*Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*Membership #: \_\_\_\_\_

\*I am requesting that a 2<sup>nd</sup> review be completed of my file for the following reasons. (You must provide as much detail as possible – incomplete requests will not be processed.)

Reasons for 2<sup>nd</sup> File Review : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am attaching the following supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that a 2<sup>nd</sup> review of my file will take 8 weeks or longer. I have read the 2<sup>nd</sup> Review Troubleshooting Guide and none of those examples pertain to my request.

\*Member's Signature: \_\_\_\_\_

\* These fields need to be completed.

You can send this form plus accompanying documentation via mail, fax, or email to:

Barry Billing, Deputy Registrar  
10 Four Seasons Place, Suite 404  
TORONTO ON M9B 6H7  
Fax: 416.621.8694  
Email: bbilling@oacett.org