

Certification Voluntary Withdrawal Status Application

Submitter – GENERAL INFORMATION	
PECB ID	
First name	
Last name	
Email address	

Applicable certification(s)*	
Credential: <i>(e.g., ISO 9001 Lead Auditor)</i>	

**Please list all certifications you are requesting voluntary withdrawal status for.*

By submitting this application for voluntary withdrawal status, I understand that my certification has to be in good standing, and if such status is granted, my certification(s) will remain permanently in this status.

If I wish to return to active status, I understand that I have to retake the respective exam(s) of the certification(s) I wish to regain active status for, and apply for certification.

Signature: _____

Date: _____