



Michael G. Adams
Secretary of State

Appeal from Cancellation of Certification in Safe at Home Program	Return Form to: Safe at Home (c/o SOS Office) 700 Capital Avenue, Suite 152 Frankfort, KY 40601
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Filer's Information , if being completed by someone other than Program Participant	
Name of Filer (first, middle, last)	Filer's Relationship to Program Participant
Filer's Address (number and street, state and ZIP code)	Filer's telephone number

Program Participant Information	
This form is being completed by:	
<input type="checkbox"/> Applicant <input type="checkbox"/> Parent or guardian on behalf of minor applicant <input type="checkbox"/> Guardian of applicant declared incompetent <input type="checkbox"/> Application Assistant	
Name of Program Participant (first, middle last)	Participant number

Appeal Request
Briefly explain below why certification in the Safe at Home Program should not be cancelled. Attach additional sheets if necessary.

Signature of Program Participant or Filer		
_____	_____	_____
Printed Name	Signature	Date