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Rev. 05/05/2010

CLASSIFICATION NUMBER APPEAL FORM

To submit your appeal, complete ALL information below. Incomplete forms will not be considered; they will be returned. References must be valid – they must be either an OTRA producer or a current OTRA member in good standing. If a reference is another roper, that person must be willing to put his/her own number at stake in order to vouch for your appeal and they must be ropers that you would be competing *against* at the same classification that you are requesting. Appeal will not be considered if references do not personally sign this form; the signature must match what is on file with OTRA. Once the appeal form is received in the OTRA office, the information will be reviewed along with other data we gather and a final decision will be made. If applicable, attach doctor's report stating disability and level of impairment. Submitting this appeal does not guarantee your number will be changed.

Name _____

Address _____ Phone Number _____

OTRA Membership # _____ Current Classification Number(s) _____

Requested Classification Number (circle: *Heading* ~~ *Heeling*) _____

Reason for Appeal (Roper's statement) _____

References 1 2 3

Printed Name _____ _____ _____

Phone Number _____ _____ _____

Signature _____

By signing as a reference, I am willing to have my own number placed under review.

Roper's Signature _____ Date _____

I hereby state the above information to be true.