



Submit completed form to: Politiets enhet for vandelskontroll og politiattester, Postboks 113, 9951 Vardø.

1.1. Full name (in capital letters):	1.2. Personal identification number/organization number:
1.3. Postal address:	
1.4. Postal number and city/town:	1.5. Country:
1.6. E-mail address:	1.7. Telephone number:

Or other information identifying the decision/Police Certificate of Conduct being appealed:

Please explain the reasons for the appeal/why you believe the decision/Police Certificate of Conduct you have received is incorrect:

Or attach a document where you explain why you believe the decision you have received is incorrect

Please state which changes you want in the appealed decision/in your Police Certificate of Conduct:

Check the applicable alternative

☐ Complainant ☐ Attorney ☐ Guardian/parent ☐ Other: _____

6.1. Place and date:	6.2. The signature of the complainant/attorney/guardian:
	<i>The signature must be hand written.</i>

Guidelines for filling in the appeal form

1. Information about the complainant

1.1. and 1.2. Full name and personal identification number/organization number

State the full name of the person/legal entity and personal identification number/date of birth/organization number of the person/legal entity appealing the decision.

1.3., 1.4. and 1.5. Postal address, postal code city/town and country

State the full postal address, postal code, city/town and country of to the person/legal entity appealing the decision.

1.6. E-mail

State the e-mail address to the person/legal entity appealing the decision.

1.7. Telephone number

State the telephone number belonging to the person/legal entity appealing the decision, including country code.

2. Case/Police Certificate reference number

Enter the case reference number or other information identifying the decision being appealed, for example the purpose for police certificate of conduct that you applied for and the date of the decision being appealed.

3. Grounds for appeal

Explain in your own words the reasons why you are appealing the decision/why you believe the decision is incorrect.

4. Desired outcome of appeal

Explain in your own words which changes you want to be made in the decision being appealed, e.g. that the police certificate be issued without a specific remark.

5. Information about the person writing the appeal

Check applicable alternative regarding who has written the appeal. If the person writing the appeal is not the applicant/complainant himself/herself, we require that the attorney/guardian/parent or family/friend has been given power-of-attorney or authorization by the complainant.

6. Signature

6.1. Place and date

State the date and place of appeal.

6.2. Signature

The appeal must be signed by the complainant or the person that had been given authorization by the complainant. If the complainant is under the age of 18 the appeal must be signed by the complainants guardian. The signature must be original and handwritten on the form. We do not accept a signature written on a computer or otherwise, nor a picture of a signature.