



CLASSIFICATION PROTEST FORM

TYPE (in the grey zone) OR PRINT IN CAPITAL LETTERS ONLY

Protests should only be submitted by a designated representative of a NF or Chief Classifier under exceptional circumstances.

Athlete protested:

| Family name | Given name | National Federation (NF) |
|-------------|------------|--------------------------|
| | | |

| Current sport Class | Current sport class status |
|---|----------------------------|
| <input type="checkbox"/> Bicycle <input type="checkbox"/> Tricycle <input type="checkbox"/> Handcycle <input type="checkbox"/> Tandem | |

Lodged by:

| | | | |
|---------------|--|-------------------|--|
| NF: | | | |
| Printed Name: | | Chief Classifier: | |
| Signature: | | Signature: | |
| Date & Time: | | Date & Time: | |

| | | |
|---|---|--|
| Date & Time of receipt by UCI Para-cycling Chief Classifier : | | |
| <input type="checkbox"/> Protest accepted | <input type="checkbox"/> Protest not accepted | |
| Specify reason: | | |
| | | |
| | | |
| Printed name of Chief Classifier: | | |
| Chief Classifier signature: | | |
| Scheduled time and location for re-evaluation: | | |

| | |
|--|--------------|
| Received by <input type="checkbox"/> NF <input type="checkbox"/> Chief Classifier: | Date & time: |
|--|--------------|

Please state reason for protest on next/back side.



Reason for protest:

(Identify clearly what part of the sport class profile is being protested. If possible, provide a specific reference to the UCI Para-cycling sport class and/or eligibility standards.)

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Protest fee paid

| | | | |
|--------------|--|-------------------------|--|
| Received by: | | Date & time of receipt: | |
|--------------|--|-------------------------|--|

Outcome of protest:

Sport class changed: yes no

Prior sport class

| | | | | |
|--|--|--|--|--|
| | | | | |
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Confirmed sport class

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|--|--|--|--|--|
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Sport Class Status: Revision Confirmed Non Eligible

| | | | |
|-------------------|--|--------------|--|
| Chief Classifier: | | Date & Time: | |
|-------------------|--|--------------|--|

Protest fee retained

Printed name of UCI Para-cycling CC (receipt of fee): _____

Signature by UCI Para-cycling CC (receipt of fee): _____

Date & Time: _____