



## **West Virginia Alliance of Recovery Residences Certification Application Withdrawal Form**

A WVARR certification application may be withdrawn at any time before the applicant organization's onsite inspection(s) have been conducted. Once an onsite inspection has been conducted, an organization may not withdraw its application. This form must be completed by the applicant organization and emailed to the designated WVARR certification reviewer prior to conducting the onsite inspection(s) in order to be considered.

### **Applicant Information**

Name of Organization:

Organization Mailing Address:

Contact Person:

Phone Number:

Email Address:

### **Withdrawal Information**

Date of Application Submission:

Reason for Withdrawal (Please provide a brief explanation of why you are withdrawing your certification application):

### **Declaration**

I, the undersigned, attest that I am authorized to formally withdraw the West Virginia Alliance of Recovery Residences certification application on behalf of \_\_\_\_\_ (organization name). I understand that by withdrawing the application, the organization forfeits any further consideration for certification at this time.

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Printed Name



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Signature

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Date

**Submission Instructions**

Please submit this completed form via email to the designated Certification Reviewer, or by postal mail to the following address:

West Virginia Alliance of Recovery Residences  
1116 Smith Street  
Charleston, WV 25301

For questions or further assistance, please contact Josh Sapp at [josh@wvarr.org](mailto:josh@wvarr.org)

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**\*\*Office Use Only:\*\***

Withdrawal Processed By:

Date Processed:

Comments: