

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Title/Department]  
[Agency/Organization Name]  
[Address]  
[City, State, Zip Code]

Subject: Appeal of TTP Decision - [Your TTP Number]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my enrollment in the Trusted Traveler Programs (TTP), as communicated in your letter dated [Date of Decision]. My application, reference number [Your TTP Number], was denied due to [briefly state the reason for denial].

I believe that this decision does not accurately reflect my circumstances, and I would like to provide additional information for your consideration:

1. [Provide first piece of supporting information or a counterargument]
2. [Provide second piece of supporting information or a counterargument]
3. [Provide third piece of supporting information or a counterargument, if applicable]

I respectfully request that you reconsider my application based on this additional context and evidence. I value the opportunity to participate in the TTP, as it would greatly assist my travel needs and commitments. Thank you for reviewing my appeal. I look forward to your prompt reply.  
Sincerely,

[Your Name]  
[Your Signature (if sending a hard copy)]