



REQUEST FOR EXTENSION FORM

IMPORTANT INFORMATION

- An extension of the time period to meet renewal requirements may be approved for the following circumstances ONLY:
 - Extended Illness • Extended Injury • Military or Foreign Service • Emergency Temporary Assignment
- **If the license, registration, or certification has already expired – this form cannot be processed.**
- Official documentation, copy of military orders, physicians care notices, or other third party documentation must be attached to this form.
- The individual, business, or training school requesting the extension is to be **non-operational** during the period of extension.

Applicant Information

DCJS ID:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address (if different from mailing address):		City, State, Zip:	
Email Address:			
Home Phone: ()	Business Phone: ()	Fax: ()	

Category Requested *(Check one only)*

- Individual Business ID Number 11- Training School ID Number 88-

Reason for Extension Request

Requested start date of extension: _____ Projected date of return or ability to be in compliance: _____

Specific Requirements that are Unable to be Fulfilled Before Expiration

Affirmation

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Signature Required: _____ Date: _____
mm/dd/yy