

## Extension Request Form

In certain limited circumstances, CCO provides for extensions to the requirement to pass the practical examination within 12 months of passing the corresponding written examination. Extension request do not apply to written examinations. Extensions are granted for specific reasons only. If you wish to request an extension you must complete Parts A, B, and C of this form and submit it, together with supporting documentation, to CCO. Do not forget to sign the Attestation Statement in Part A. **Incomplete forms will not be processed.** CCO will advise you of its decision on Part D of this form, which will be returned to you. Please allow two (2) weeks for processing your request.

### **PART A** (Please Print)

Candidate Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

#### **ATTESTATION STATEMENT**

Under penalties of perjury, I hereby attest that all statements I have made in this application, and those in any required accompanying documentation, are true.

Candidate Signature \_\_\_\_\_

Date \_\_\_\_\_

### **PART B**

State the reason for your request and indicate the supporting documentation you are providing. **Do not forget to attach this documentation; without it your application will not be processed.**

#### **Reason for request**

Called to work

Illness/Injury (*Personal or family*)

Scheduling difficulties other than called to work (*Please explain fully below.*)

#### **Documentation Required**

Letter from supervisor/employer/employment agency (*All letters must contain the dates you were on the job and hours worked.*)

Doctor's Note. (*All Doctor's Notes must include the dates you were unable to work.*)

Letter from employer/employer's representative. (*Letters must indicate dates off work.*)

Death Certificate. Relationship to deceased: \_\_\_\_\_

**Expected Exam Date** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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