



## Extension Request Form

Name:
Address:

Candidate ID #:
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Days or Date to Extend Until (max 60-days):
Reason for Extension:

Once you have completed this document including any and all supporting documents, please email to [info@cbic.org](mailto:info@cbic.org).

Extensions will be reviewed upon receipt, please allow 7-10 business days for your extension to be reviewed and for a decision or request for more information. If your extension request is approved CBIC will contact you via email with a \$72 extension request invoice to include date in which your extension had been approved for.

**X**

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Signature  
Last, First Name & Date

555 E Wells Street  
Suite #1100  
Milwaukee, WI 53212

PHONE (414) 918-9796  
FAX (414) 276-3349  
E-MAIL [info@cbic.org](mailto:info@cbic.org)  
WEB SITE <http://www.cbic.org>