



Hardship/Illness Extension Request

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater NW, Salem, OR

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www.oregonbcd.org

EXTENSION REQUEST INFORMATION

Name:

Phone:

Address or P.O. box:

City:

State:

ZIP:

Jurisdiction (if applicable):

I am requesting a **hardship/illness extension** for compliance with the continuing education requirements per OAR 918-098-0470 for the following certification numbers: _____

I am requesting the _____ month extension because: _____

Comments: _____

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Approved Signature _____ Date: _____

Denied Signature _____ Date: _____

Comments: _____

