



INTERNATIONAL ASSOCIATION of **ASSESSING OFFICERS**

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CAE • AAS • CMS • RES • PPS *Professional Designations*

## APPLICATION FOR EXTENSION ONE-YEAR RECERTIFICATION EXTENSION

I, \_\_\_\_\_ the undersigned, hereby apply for a **one-year** extension of my \_\_\_\_\_ recertification cycle that began on \_\_\_\_\_. I agree that any information requested of me by the Professional Designations Subcommittee in the future will be promptly submitted and will be true and correct. **In addition, to receive this extension all designee's current dues must be paid.**

I am requesting this extension for the following reason(s) **(please print)**:

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In submitting this application, I state that there are not now any outstanding material charges to my professional responsibility, character, or integrity pending against me.

Name \_\_\_\_\_ Designee # \_\_\_\_\_

Jurisdiction/Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Check  Visa  MasterCard  AmEx

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSC \_\_\_\_\_ (3 or 4 digits)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form electronically if paying by credit card or, if sending a check, mail to:  
IAAO, Professional Development Department, 314 W. 10<sup>th</sup> St., Kansas City, MO 64105.