



Professional Designation Program

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 Development Committee in the future will be promptly submitted and will be true and correct. **In addition, I understand all current dues must be paid to receive this extension.**

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

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. 10th St., Kansas City, MO 64105.

DOWNLOAD this form to your computer to use the signature and email completed form to designations@iaao.org.

314 W. 10th Street, Kansas City, MO 64105-1616 USA
P: 816-701-8100 P: 800-616-4226 E: designations@iaao.org
www.iaao.org

All Rights Reserved.
Copyright © 2019 by IAAO