

CBI Recertification Period Extension Request Form

Name:					
Company:					
Address:					
City:		St/Province:	Zip/Po	ostal Code:	
Country:		Phone:		Fax:	
E-Mail:					
Current Rece	rtification Period:	<u> </u>	Requested Ext	ension Date:	
Reason(s) for	Extension Request:				
Please list the	e activities that you plan t	to pursue to complete yo	ur recertificatio	n requirements:	
TERMS & CO Upon approv be extended records will be recertificatio original recerdate becomin 2013 with the Upon complet the IBBA and year. I agree required recer	ral of the Credentials Com through the date request be cleared and I will start in n period will be January 1 rtification period January ng December 31, 2013. No e next recertification period etion of the required receivany other required proof that I will immediately no ertification activities no la	mittee, I understand and red above. Once I have comy next three year recert of the following year and 1, 2010 through Decembew recertification period od being January 1, 2013 rtification activities, I will of completion of activitionity IBBA administration ter than December 31 of	d agree that my ompleted the rectification period d end December 31, 2012 with dates are Janual through Decembers no later than of any inability of the extension y	certification requirem . The dates of the new r 31 of the third year. In the extended recert ry 1, 2010 through De liber 31, 2015.) of courses taken and a December 15 of the lon my part to comple lear.	nents, my ot (Example: ification ecember 31 accepted by extension te the
I agree to an	administrative fee of \$50	.00 to administer my req	uest for a recert	ification period exter	nsion.
PAYMENT:	☐American Express	□MasterCard	□VISA		
Card Holder	Name:				
Card Number	r:	CVC Number:_	E	xpiration Date:	
Signature:				Date:	