

90-DAY EXAMINATION WINDOW EXTENSION REQUEST FOR STATE LICENSING CANDIDATES

FAX TO: 651.681.3294 ATTN: STATE CANDIDATE COORDINATOR

Please **PRINT** your information below:

State Candidate ID#: _____ Date: _____

Name: _____

Address: _____

NOTE: If your name or address does not match what appears on your Candidate Status Report, you must notify your state licensing agency. ARRT cannot make changes to your personal information without written notification from your state licensing agency.

IF YOU DO NOT LIST YOUR STATE CANDIDATE ID# ABOVE, YOU MUST PROVIDE BOTH YOUR BIRTH DATE AND SOCIAL SECURITY NUMBER AS IDENTIFIERS:

Birth Date: _____ Social Security #: _____

IF YOU PROVIDE YOUR EMAIL ADDRESS, YOU WILL RECEIVE AN EMAIL CONFIRMATION UPON RECEIPT OF YOUR FAX AT THE ARRT. PLEASE **PRINT** YOUR EMAIL ADDRESS LEGIBLY. IF YOU DO NOT PROVIDE YOUR EMAIL ADDRESS, PLEASE CALL (651) 687-0048, EXT. 8525, THE NEXT DAY TO CONFIRM RECEIPT OF YOUR FAX.

Email Address: _____

You can request up to three 90-day window extensions as long as there is time remaining in your state eligibility period which appears on the front of your Candidate Status Report. If there are less than 90-days remaining in your state eligibility period, your window will be extended only until the last day of your eligibility period.

If you have an examination appointment scheduled, you must first cancel the appointment before requesting a window extension. Do not schedule a new appointment until you receive a new Candidate Status Report reflecting your new 90-day exam window. Please see handbook for detailed information on your state eligibility period, your 90-day exam window, and extending an exam window.

Signature: _____