

**APPLICATION FOR EXTENSION OF TIME**

(For Use After Receipt of a **Notice of Suspension**)

Name (Last, First, MI): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: Office \_\_\_\_\_ Home \_\_\_\_\_

CCR# or E# \_\_\_\_\_ Calendar year in which CE credit hours were not earned: \_\_\_\_\_

**REASON FOR REQUEST FOR EXTENSION OF TIME:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSAL FOR MEETING DELINQUENT REQUIREMENTS AND COMPLETION DATE (be as specific as possible):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach any supporting pertinent documentation you feel the CRTC should review before making a decision on this application.

**Email this form to: [bcr@georgiacourts.gov](mailto:bcr@georgiacourts.gov)**

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_

**ACTION BY THE CRTC IS AS FOLLOWS:**

Date	Action Taken	Initials