



ONE-YEAR EXTENSION TO MEET REGISTRATION CERTIFICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME - Write your name as it appears on your registration certificate.
2. REGISTRATION NUMBER - Write your PTP registration number and check the box that indicates your registration type.
3. NAME OF EMPLOYER - Write the name of your current employer. If your employer has changed, submit a Change of Employer Notification Form with this application.
4. QUALIFYING REASON FOR EXTENSION REQUEST - Check the reason that qualifies you for the one-year extension. Provide dates of occurrence if instructed to do so. If you select you were on FMLA, a death or illness in your family, or there was an unforeseen emergency, you must provide an explanation in section eight.
 - Family is considered to mean your spouse, children, parents, siblings, and grandparents, as well as you spouse's parents, siblings, grandparents, and children.
 - Illness is considered to mean an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider.
 - Unforeseen emergency means a situation that suddenly and unexpectedly occurred which prevented you from being able to obtain your certification. Whether your situation meets the standard of unforeseen emergency will be at the discretion of the Department's executive director.
 - If the county tax assessor, chief appraiser or chief administrator of the political subdivision which employs you is requesting an extension on your behalf, this employer must sign and date the request form in the space provided.
5. AGREEMENT OF REQUESTOR - Carefully read the agreement before you sign and date your application.
6. I AM THE COUNTY TAX ASSESSOR, CHIEF APPRAISER, OR CHIEF OFFICER - This section should be completed by your employer if he or she is submitting the extension request on your behalf.
7. I AM THE TAX ASSESSOR/COLLECTOR OR CHIEF APPRAISER AND I AM REQUESTING THE EXTENSION ON MY OWN BEHALF - This section should be completed only if one of the above individuals are requesting an extension on their own behalf. No qualifying reason is required for this extension request.
8. EXPLANATION OF QUALIFYING REASON - If instructed by sections 4B, C, or D, explain why your reason qualifies for an extension. Explain what occurred and how it adversely affected you in obtaining your certification. If you need additional space, attach a separate sheet of paper.
9. DOCUMENTATION - If instructed to attach documents by sections 4A or D, attach documentation to verify the reason for your request.
 - Active Military Status - If you were a member of the state military forces or a reserve component of the armed forces of the United States, such as the National Guard, and you were ordered to active duty on or after your original registration date, provide documentation of the date your active duty began and the date ended.
 - Unforeseen Emergency - In addition to the explanation of the emergency you provided in section five, you must provide any documentation you may have that will substantiate the emergency.

