

Simulation Laboratory: _____
Contact: _____

Testing Laboratory: _____
Contact: _____

I hereby request a six-month extension of certification authorization for the product lines listed below. I attest that testing and/or simulation has begun for recertification, but will not be completed by the expiration date.

Signature: _____ Date: _____

NOTE: Typing your name is an acceptable form of officially signing the document.

Inspection Agency Section (Do not write below line)

Date Request Received: _____

Notes: (If necessary)

The product lines listed above are hereby granted a 6-month extension of certification authorization.

Inspection Agency: _____

Authorization Signature: _____ Date: _____

NOTE: Typing your name is an acceptable form of officially signing the document.