



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218  
Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**REQUEST FOR EXTENSION FORM**

**IMPORTANT INFORMATION**

- An extension of the time period to meet renewal requirements may be approved for the following circumstances ONLY:
  - Extended Illness • Extended Injury • Military or Foreign Service • Emergency Temporary Assignment
- **If the license, registration, or certification has already expired – this form cannot be processed.**
- Official documentation, copy of military orders, physicians care notices, or other third party documentation must be attached to this form.
- The individual, business, or training school requesting the extension is to be **non-operational** during the period of extension.

**Applicant Information**

DCJS ID:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address (if different than mailing address):		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

**Category Requested** *(Check one only)*

- Individual       Business ID Number 11-       Training School ID Number 88-

**Reason for Extension Request**

Requested start date of extension: \_\_\_\_\_      Projected date of return or ability to be in compliance: \_\_\_\_\_

**Specific Requirements that are Unable to be Fulfilled Before Expiration**

**Affirmation**

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Signature Required: \_\_\_\_\_      Date: \_\_\_\_\_  
mm/dd/yy