



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.*

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***Inspection Agency Section (Do not write below line)***

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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.*