



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
200 East Gaines Street, Larson Building Room 419
Tallahassee, FL 32399-0319

REQUEST FOR EXTENSION OF TIME
AGENTS AND CUSTOMER REPRESENTATIVES

The undersigned licensee hereby requests a 90 day extension of time for good cause as defined in Rule 4-228, F.A.C. to comply with the education requirements of Section 626.2815, F.S., and Rule 4-228, F.A.C., for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Disabling Accident | (explain below, Include doctor letter) |
| <input type="checkbox"/> Illness | (explain below, Include doctor letter) |
| <input type="checkbox"/> Call to military duty | (submit copy of orders) |
| <input type="checkbox"/> Declared Civil Emergency or Disaster | (see below) |
| <input type="checkbox"/> Other | (explain below) |

SUPPORTING DOCUMENTATION OF THE ABOVE IS REQUIRED AT THE TIME OF REQUEST.

IN CASES OF DISABLING ACCIDENT OR ILLNESS, MEDICAL DOCUMENTATION FROM TREATING PHYSICIAN ON OFFICIAL LETTERHEAD IS REQUIRED.

Declared Civil Emergency or Disaster requires documentation from local, state, or national official. Documentation must include identification of affected counties. If event occurs in the last 30 days of the compliance period, documentation of registration for courses during that period which could not be attended because of the emergency or disaster must be included.

NO REQUEST FOR EXTENSION WILL BE CONSIDERED UNLESS ALL DOCUMENTATION IS SUBMITTED AT THE TIME THE REQUEST IS MADE.

EXPLANATION:

- ✓ Requests For Extension of Time must be received at least 30 days prior to the close of the compliance period or current extension period.
- ✓ Extensions are awarded only in 90 day periods
- ✓ Requests For Extension of Time must be submitted using this form
- ✓ Only four (4), 90-day extension periods can be granted for a single compliance period
- ✓ Any request for more than one 90-day extension period at a time will be reviewed by the Florida Department of Financial Services prior to approval.
- ✓ Any request for more than four (4) 90-day periods will be denied.

SIGNATURE

Name	
License ID Number	
Date	/ /