



Department of Consumer  
and Business Services

# Code Change Training Hardship/Illness Extension Request

Department of Consumer and Business Services

Building Codes Division

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## EXTENSION REQUEST INFORMATION

Name:

Phone:

Address or P.O. box:

City:

State:

ZIP:

Jurisdiction (if applicable):

I am requesting a **hardship/illness extension** for compliance with the code change continuing education requirements per OAR 918-098-1460 for the following certification numbers: \_\_\_\_\_

I am requesting the \_\_\_\_\_ month extension because: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT USE ONLY

☐ Approved      Signature \_\_\_\_\_ Date: \_\_\_\_\_

☐ Denied      Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_