



Governor Brian Schweitzer

*Montana*

**Department of Labor and Industry**

**Business Standards Division**

**BOARD OF PUBLIC ACCOUNTANTS**

**CPE EXTENSION REQUEST FORM**

Please complete the following information in order to request an extension of the three-year reporting period to meet the CPE requirement.

CERT # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

REASON FOR EXTENSION REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE CPE CREDIT WILL BE COMPLETED BY: \_\_\_\_\_

The Board may consider waiving or refunding the penalty fee for reasons of individual hardship in accordance with ARM 24.201.2154.

Would you like a waiver of the penalty fee to be considered due to a hardship?    YES            NO

Would you like a refund of the penalty fee to be considered due to a hardship?    YES            NO

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