

MONTANA BOARD OF PUBLIC ACCOUNTANTS

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(406) 444-6880

EMAIL: dlibsdfhelp@mt.gov WEBSITE: www.publicaccountant.mt.gov

Once Submitted, do not continue to e-mail the board. You will be notified of the next steps.

Review the Following Instructions/Rules Prior to Submission:

1) You must mark which extension you are requesting and fill-in the entire form. If a section does not apply write "n/a." Select only one type of extension. Ensure your e-mail is accurate and readable, you will be contacted via this route.

2) For NTS and/or Credit Extensions, please review ARM 24.201.516. You must provide sufficient information regarding your specific hardship. Failure to include sufficient information for the board to address your situation will result in a delayed response to the request. Any information submitted will be review and redacted for legally identifiable conflicts with public records.

3) Your request will be evaluated in an efficient manner during the course of regular business. Continued contact as to the status of your request will not expedite its processing; rather likely further delay it as staff has to respond to all submitted communications. Please be respectful of other licensees. If more information is needed or you will need to appear at the full board meeting, you will be contacted.

National ID Number

Date of Birth:

Jurisdiction Number

Name

Address

City

State

Zip Code

Country

E-Mail

NTS Extension

Credit Extension

Describe your hardship request and why you cannot complete your exams in 18 months. Be detailed in your description as the Board will use this form to decide whether to grant the exception. Include the date you are requesting an extension to. If you are requesting examination credit extensions, include which exams you are requesting to extend. Please understand that you are not entitled to an extension, that decision is the sole discretion of the board or its representative. If there is other documentation you need to submit please do so in .pdf form. **Once this document is completed please send it and supporting information to dlibsdpac@mt.gov**

I declare under penalty of perjury that all statements are true and that a false statement may lead to license discipline.

Your signature: _____ Date: _____