

MONTANA BOARD OF PUBLIC ACCOUNTANTS

PO BOX 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 444-6880

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

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. Statements and supporting documentation are cross-referenced for consistency and accuracy as they relate to your specific hardship.

2) For an 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 review your request will result in denial or delayed response. Any information submitted will be reviewed and redacted for legally identifiable conflicts with public records.

3) Your request will be evaluated during the course of regular business. If a determination has not been communicated within 60 days, you may contact the Board office at dlibsdpac@mt.gov to request an update. Continued contact as to the status of your request will not expedite its processing. If more information is needed you will be contacted.

		<input type="text"/>	National ID Number
Date of Birth	<input type="text"/>	<input type="text"/>	Jurisdiction Number
Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>		
E-Mail	<input type="text"/>		

Describe your hardship request and why you cannot complete your exams in 18 months or need an Notice to Schedule (NTS) extension. Be detailed in your description and provide additional documentation, where possible. The Board will use this form and your submission to decide whether to grant or deny the request. Include the date you are requesting an extension to. Please understand that you are not entitled to an extension, that decision is the sole discretion of the board or its representative.

Once this document is completed, please send it and any supporting information to dlibsdpac@mt.gov

NTS Extension	AUD	BEC	FAR	REG
Credit Extension	AUD	BEC	FAR	REG

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

Your signature: _____ Date: _____