

TEMPORARY PERMIT EXTENSION FORM

I _____ would like to apply for a six month extension of my temporary permit* , the current expiration date of which is _____ **. I will remain under the supervision of _____ throughout this six month period.

Please forward my extended temporary permit to the following address:

Temporary Permit Holder Signature

Supervisor's Signature

FEE REQUIRED FOR EXTENSION IS \$175.00

Board of Examiners For Hearing Instrument Specialists
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City Missouri 65102
(573) 751-0240

* An extension may be requested one (1) time and lasts for six (6) months.
**Regardless of when the renewal application is received by the Board, the six (6) month renewal term shall commence immediately following the expiration of the temporary permit.