



Certified Treecare Safety Professional

Rev. 9/14/2023

Enrollment Deadline Extension Form

Approved: _____

Not approved: _____

Please submit a separate form for each employee.

Fax completed form to (603) 314-5386 or mail to the address below.

Date Submitted: _____

CONTACT INFORMATION

Name _____

Company Name _____

Mailing Address (no PO Box) _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ Email _____

REASON FOR HARDSHIP

I am not able to complete the program by the deadline date of: _____,

because of the following reason(s): _____

Cost of a 6-month extension, if approved, is \$57 administration fee. Payment in full is required to process your request.

METHOD OF PAYMENT Check enclosed American Express Visa Discover MasterCard

Card# _____ CVV _____ Exp. Date: ____ / ____ / ____

Name (required for all methods of payment)

Authorized Signature (required for all methods of payment)

NOTE: TCIA cannot accept payment information by email.

Questions? Contact TCIA at (603) 314-5380 or CTSP@tcia.org.