



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ONE-YEAR EXTENSION TO MEET REGISTRATION CERTIFICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME - Provide your name as it appears on your registration certificate.
2. REGISTRATION NUMBER - Provide your PTP registration number and check the box that indicates your registration type.
3. NAME OF EMPLOYER - Provide the name of your current employer. If your employer has changed, submit a Change of Employer Notification Form with this application.
4. QUALIFYING REASON FOR EXTENSION REQUEST - Check the reason that qualifies you for the one-year extension. Provide dates of occurrence if instructed to do so. If you were on FMLA, a death or illness in your family, or there was an unforeseen emergency, you must provide an explanation in section eight.
 - Family is considered to mean your spouse, children, parents, siblings, and grandparents, as well as your spouses parents, siblings, grandparents, and children.
 - Illness is considered to mean an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider.
 - Unforeseen emergency means a situation that suddenly and unexpectedly occurred which prevented you from being able to obtain your certification. Whether your situation meets the standard of unforeseen emergency will be at the discretion of the Department's executive director.
 - If the county tax assessor, chief appraiser or chief administrator of the political subdivision which employs you is requesting an extension on your behalf, this employer must sign and date the request form in the space provided.
5. AGREEMENT OF REQUESTOR - Carefully read the agreement before you sign and date your application.
6. I AM THE COUNTY TAX ASSESSOR, CHIEF APPRAISER, OR CHIEF OFFICER - This section should be completed by your employer if he or she is submitting the extension request on your behalf.
7. I AM THE TAX ASSESSOR/COLLECTOR OR CHIEF APPRAISER AND I AM REQUESTING THE EXTENSION ON MY OWN BEHALF - This section should be completed only if one of the above individuals are requesting an extension on their own behalf. No qualifying reason is required for this extension request.
8. EXPLANATION OF QUALIFYING REASON - If instructed by sections 4B, C, or D, explain why your reason qualifies for an extension. Explain what occurred and how it adversely affected you in obtaining your certification. If you need additional space, attach a separate sheet of paper.
9. DOCUMENTATION - If instructed to attach documents by sections 4A or D, attach documentation to verify the reason for your request.
 - Active Military Status - If you were a member of the state military forces or a reserve component of the armed forces of the United States, such as the National Guard, and you were ordered to active duty on or after your original registration date, provide documentation of the date your active duty began and the date ended.
 - Unforeseen Emergency - In addition to the explanation of the emergency you provided in section five, you must provide any documentation you may have that will substantiate the emergency.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via webform. The [webform](#) will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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COMPLETE THE SECTION APPROPRIATE TO YOUR EXTENSION REQUEST

APPLICATION FEE: \$25 (FEE IS NON REFUNDABLE)

1. Name:

Last

First

Middle

Suffix (Jr., Sr., III)

2. Registration Number:

Appraising

Assessing/Collecting

Collecting (only)

3. Name of Employer:

4. Qualifying reason for extension request:

A. I was on active military status after the date of my original registration.

I was on active duty from

to

(Enter dates and attach documentation)

B. I took leave under the Family and Medical Leave Act (FMLA) after the date of my original registration.

I was on FMLA from

to

(Enter dates and complete section five. The Department may request further documentation to approve the extension request.)

C. I had a death or illness in my family after the date of my original registration which prevented me from meeting the certification requirements. The death or illness occurred

(Enter dates and complete section five. The Department may request further documentation to approve the extension request.)

D. I had an unforeseen emergency occur after the date of my original registration which prevented me from meeting the certification requirements. The emergency occurred

(Enter date and complete section five. List verifying documentation in section six. The Department may request further documentation to approve the extension request.)

5.

AGREEMENT OF REQUESTOR

I attest that the information in this extension request is accurate to the best of my knowledge. I agree to comply with all of the requirements of the Property Tax Professional Certification Act. I agree to comply with any and all rules and regulations promulgated by the Department of Licensing and Regulation as required by the Property Taxation Professional Certification Act. I pledge to subscribe and promote the Property Tax Professionals Code of Ethics.

Applicant's Signature

Date Signed

6. I am the county tax assessor, chief appraiser, or chief administrative officer of the political subdivision which employs the registrant requesting this extension. I request on behalf of the employee that this extension be granted.

Requestor's Signature

Title

Date Signed

7. I am the tax assessor/collector or chief appraiser for request this extension on my own behalf.

County. I

Tax Assessor/Collector or Chief Appraiser Signature

Title

Date Signed

8. If instructed by 4B, C, or D, give an explanation why your reason qualifies for an extension:

9. If instructed by 4D, list attached verifying documents:

a.

b.

c.