TA-W4445-9 (10/2012)

New York State Thruway Authority ● New York State Canal Corporation
P.O. Box 189
Albany, New York 12201-0189

Department of Engineering

Clear Form

CONSULTANT APPLICATION FOR AN EXTENSION OF COMPLETION DATE

Purpose: This form is used by Consultants to request an extension of an existing Agreement's completion date.

INSTRUCTIONS: Complete and forward form to the appropriate Authority Project Manager.

Agreement Information			
Firm Name		Date of Agreement	Original Completion Date
Contract No. D	Project Location (County)	Number of previous extensions granted under this project	Present Completion Date
Project Name			

Request Extension of Completion Date:

Under the provisions of Article _____ of the above Agreement and for the reason(s) given below, the Firm hereby makes application for an extension of the date of completion to the ___ day of _____ , 20___ . The Firm agrees that the approval of said extension shall not be a cause of an increase in fee.

Reason(s) for the requested extension (attach additional sheets if necessary):

_____ Name (please print or type)

_____ Title (please print or type)

_____ Firm Authorized Signature

_____ Date