



P.O. Box 189  
 Albany, New York 12201-0189  
 Department of Engineering

**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.	Project Location (County)	Number of previous extensions granted under this project	Present Completion Date
D			

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