



Department of Engineering

CONSULTANT APPLICATION FOR AN
EXTENSION OF COMPLETION DATE

Instructions: Complete Page 1 of the application and send it to the Thruway Division Office for Consultant Inspection. Consultant Design and all other consultant agreements should be sent to Contracts Management of the Department of Engineering or other applicable processing office.

Firm's Name		Date of Agreement	Original Completion Date
Project Number	Project Location (County)	Number of previous extensions granted under this project	Present Completion Date

Name of Project

Request 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.

Reasons(s) for the requested extension:

_____	_____	_____
Firm's Authorized Signature	Title	Date

Consultant Application for an Extension of Completion Date

Department:

I have reviewed the Firm's Application, find that all information has been correctly and completely prepared, and advance it for consideration and appropriate action. My record and observations indicate that all work required by the Agreement will not be completed by the present completion date and recommend that the completion date be extended to the ___ day of _____, 20__ for the reason(s) given below.

Reason(s):

Recommended by:

Name

Title

Date

Department Head

I approve an extension to the ___ day of _____, 20__ .

I approve an extension of the contract closing date to the ___ day of _____, 20__ .

Name

Title

Date