



**CERTIFIED COMPANY REQUEST FOR  
EXTENSION OF AUDIT DUE DATE**

RMA Certification Audit Committee:

I, \_\_\_\_\_ as the “authorized representative” of \_\_\_\_\_ (hereinafter referred to as “Certified Company”) request permission, pursuant to section 8.4 (B) of the Receivables Management Certification Program, to extend the due date of Certified Company’s Full Compliance Audit to \_\_\_\_/\_\_\_\_/\_\_\_\_ (maximum permitted length of extension is two months).

- Check box if this is your first audit for the Receivables Management Certification Program
- Check box to indicate that you understand that failing to submit the audit by the revised due date will result in the immediate suspension of your company’s certified status (section 8.4 (B))
- Check box to indicate that you understand that an extension of the audit due date is at the discretion of the Certification Audit Committee (section 8.4 (B))

I hereby certify that all of the information provided herein is true and accurate.

Full Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Mail or email the completed form to:**  
Receivables Management Association International  
Receivables Management Certification Program  
1050 Fulton Avenue, Suite 120  
Sacramento, CA 95825  
[cert@rmassociation.org](mailto:cert@rmassociation.org)

**\*\*RMA staff\*\***

Date of Audit Committee Review \_\_\_\_\_  Approved  Denied  Communicate Committee Decision