

## APPLICATION FOR TIME EXTENSION FOR RENEWAL OF MRI LEVEL 1 OR LEVEL 2 CERTIFICATION

CONTACT DETAILS					
MEMBERSHIP NO.					
SURNAME					
MAIDEN NAME					
GIVEN NAMES					
TITLE: MR/MRS/MS/MISS/OTHER					
DATE OF BIRTH					
RESIDENTIAL ADDRESS					
TOWN/SUBURB		STATE		POSTCODE	
TEL (HOME)		TEL (WORK)			
TEL (MOBILE)		EMAIL			

### APPLICANT'S DECLARATION

I, \_\_\_\_\_, wish to apply for an extension of my

☐ **Renewal MRI Level 1 Certification** for a period of \_\_\_\_\_ months.

☐ **Renewal MRI Level 2 Certification** for a period of \_\_\_\_\_ months.

The reason for this request is:

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

The application must be completed in full and signed by the applicant before it can be processed. Supporting documentation **MUST** be attached to the application for review by ASMIRT. (Doctor's Certificates, Letter from Employer, Statutory Declaration etc). Extension period granted is at the discretion of ASMIRT.

**OFFICE USE ONLY**

MRI CERTIFICATION NO.		NEW EXPIRY	
SIGNED			
DOCUMENTATION ATTACHED	<input type="checkbox"/> YES		<input type="checkbox"/> NO

## DECLARATION – ASMIRT

This is to certify that \_\_\_\_\_  
has been approved for a time extension for the renewal of their certification. The granted extension is for \_\_\_\_\_ months.

Signed _____	Date _____
Name _____	Position _____

**Registered Office:**

Suite 1040-1044 (Level 10)  
1 Queens Road  
Melbourne Vic 3004  
Australia

**All Correspondence to:**

P.O. Box 16234  
Collins Street West Vic 8007  
Australia

**Contact us:**

**T** +61 3 9419 3336  
**F** +61 3 9416 0783  
**W** [www.asmirt.org](http://www.asmirt.org)