



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

RMAI 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@rmaintl.org

****RMAI staff****

Date of Audit Committee Review _____ Approved Denied Communicate Committee Decision