



Airport Name  
Project Number

Purchase Order #

Airport ID  
Vendor ID

**Request for Extension of Time to Complete Project**

(Give specific details why the project is proposed for extension beyond the Grant Agreement Date)

**Sponsor's Certification**

(Complete and Return to Division of Aviation)

I, \_\_\_\_\_ representing \_\_\_\_\_  
(Name and Title of Sponsor's Authorized Representative) (Name of Sponsoring Agency)

do hereby request an extension of time until: \_\_\_\_\_ to complete the  
(Revised Date of Grant Expiration)

referenced project. This time is necessary because:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sponsor's Authorized Representative)

**DIVISION OF AVIATION USE ONLY**

**CONCURRENCE:**

GA: \_\_\_\_\_ APM: \_\_\_\_\_  
(initials) / (date) (initials) / (date)

Time Extension is Approved.  
New Required Completion Date is: \_\_\_\_\_  
Time Extension is Not Approved  
Required Completion Date Remains: \_\_\_\_\_

NOTE: \_\_\_\_\_

**AUTHORIZED FOR EXTENSION**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN FORM TO:** NCDOT AVIATION, GRANTS ADMINISTRATOR, 1560 Mail Service Center, Raleigh, NC 27699-1560