

**Iowa Division of Labor****Elevator Safety**

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**Installation/Alteration  
 Extension Request  
 \$100.00 – Extension Fee**

FOR OFFICE USE ONLY	
Approved	Denied
Extended through: _____	
Initials: _____	Date: _____

Complete the entire form. Submit the completed form, supporting documents and \$100.00 check or money order to the address above.

This request will be denied if more than 12 months have passed since the initial application was received.

**Individual Completing Form**

Name		Title		Company name	
Phone number		Fax number		Email address	
Address			City		State
					Zip

**Conveyance Information**

Building name					
Address/location			City		State
					Zip
State ID:	Duration of extension request: (length must be justified)      30 days      60 days			Initial application date: _____	

Describe in detail the reason for the extension					

Submit this request during the 10<sup>th</sup> month of permit issuance - IAC 71.5(6)

\_\_\_\_\_  
**Signature** **Date**