

Iowa Division of Labor**Elevator Safety**

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Extension Application

FOR OFFICE USE ONLY

Approved Denied

Extended through: _____

Initials: _____ Date: _____

Complete the entire form and submit supporting documents, **including a legible copy of the Inspection Report/Safety Order**. This request will be denied if more than 90 days have passed since the safety order was issued.

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	Inspection dates: _____

Describe in detail the reason for the extension

A legible copy of inspection report or safety order is attached.
 I certify that the information on this form and the attachments (if any) is true and accurate to the best of my knowledge.

Signature

Date