

**Iowa Division of Labor
Elevator Safety**

1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone: 515-725-5612/515-281-5415
Fax: 515-242-5076
james.borwey@iwd.iowa.gov
www.iowaelevators.gov

**Hazard Correction
Extension Request**

FOR OFFICE USE ONLY

Approved _____ Denied _____

Extended through: _____

Initials: _____ Date: _____

Complete the entire form and submit any supporting documents that should accompany this form, **including a copy of the Inspection Report/Safety Order** to one of the above methods. This request will be denied if more than 90 days have passed since the safety order was issued.

Individual Completing Form Information

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

Copy of inspection report or safety order attached

Signature

Date