Iowa Division of Labor
Elevator Safety
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-725-5612/515-725-5608
Fax: 515-242-5076
matthew.mitchell@iwd.iowa.gov
www.iowaelevators.gov

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

Extension Application

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: ☐ 30 days ☐ 60 days (length must be justified)	Inspection dates: 23	
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**