

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 10th month of permit issuance - IAC 71.5(6)

Signature **Date**