



Request for Extension

*Of deadlines to make required corrections to
elevators/conveyances*

Elevator Program
PO Box 44480
Olympia WA 98504-4480

Phone: 360-902-6130
Email: Elevatorsect@Lni.wa.gov
Website: www.Lni.wa.gov/Elevators

After completing this form, please:

1. Scan and email us a copy or send via mail. Extensions must be requested and approved in writing.
2. Enclose a copy of your current inspection report. Circle the items you need more time to complete. Mark completed items. Sign and date the inspection report.

Important: Continue working on your required corrections.

Building Information and Contact Person

*Extensions may be request **only** by the building contact, legal owner, or property manager on file.*

Name of Building (if any)	Inspection ID # on Inspection Report	Conveyance # on Inspection Report	
Physical Address of Building	City	State	Zip Code
Person Making Request	Phone Number	Email Address	

Maintenance/Service Provider Who Will Make the Correction(s)

Name of Maintenance/Service Provider	Name of Contact	
Address		
City	State	Zip Code
Phone Number	Email	

Explain why you need more time to make the correction we are requiring:

Important: We carefully review all requests for extensions

- Parts still on order
- Service company too busy
- Problem coordinating multiple service companies
- Currently switching/renegotiating service company
- Other: *Write your explanation on the back of this form*

Signature

I expect corrections will be completed by:

Print Name	Signature
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For L&I Use Only

Not Approved Approved Extension Expires on: _____

Approved By: _____