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|  | **Commonwealth of Massachusetts**  **Division of Occupational Licensure**  **Office of Public Safety and Inspections**  **REQUEST FOR ELEVATOR RE-INSPECTION EXTENSION**  **e-mail completed form to elevator.supervisor@mass.gov**  **Request must be filed within thirty (30) days of receipt of the Notice of Violation** |

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| **Location name** |  | | **Street Address** | **City, State Zip** |
| **Owner/Authorized Representative** |  | | **Street Address** | **City, State Zip** |
| **Owner Email** |
| **Elevator Co. Name**  **MA Registration #** |  | | **Street Address** | **City, State Zip** |
| **Elev Co Email** |
| **Elevator State ID #** |  | | **Last Annual Inspection Date:** | **Repair completion date (if applicable):** |
| **Re-Inspection (INS) number** | |  | | |
| **Requested extension of time:** | | | | |
| **Please list all items for which you are requesting an extension, and reasons for the inability to remedy these outstanding work order items within 90 days:** | | | | |
| **All work to be completed by:** | | | | |
| **Items on the original work order, not listed above must be completed in the allotted time of 90 days. All work order items that require a re-inspection will be inspected at the new extended date. You must submit a completed Elevator Work Order Attestation Notice of Completion form by the new extended date for all work order items that do no require a re-inspection.**  **Please Note: Request for extension must be filed within thirty (30) days of receipt of the original Notice of Violation.**  ***This unit will be subject to shut down if not compliant by the new extended date.*** | | | | |
| **Applicant’s Signature:**       **Date:**  ***By typing your name above you agree that this is valid as your signature:*** | | | | |
| **Scheduling:** | | | | |