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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:**         |