



VERMONT DEPARTMENT OF PUBLIC SAFETY  
**DIVISION OF FIRE SAFETY**  
 Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team  
*firesafety.vermont.gov*



**CONVEYANCE CERTIFICATE TIME EXTENSION REQUEST**

Division of Fire Safety Central Office  
 1311 US Route 302, Suite 600 Barre, VT 05641 Phone: 802-479-7564  
 E-Mail: [DPS.DFSLicensing@Vermont.gov](mailto:DPS.DFSLicensing@Vermont.gov)

PLEASE PRINT or TYPE

|                            |                         |                  |          |
|----------------------------|-------------------------|------------------|----------|
| Elevator Information:      |                         |                  |          |
| Name of Building/Site:     |                         | Site Number:     |          |
| Physical Location:         |                         |                  |          |
| (9-1-1 Address)            | Number and Street name, | City/Town,       | Zip code |
| V-TEL Number:              |                         | Last Insp. Date: |          |
| Inspection Sticker Number: | -                       | Expiration Date: |          |
| Building Owner Name:       |                         |                  |          |
| Owner Mailing Address:     |                         | Zip Code:        |          |
| Owner Contact Information: | ( ) -                   | E-Mail:          |          |

|  |
|--|
| Request Information:   |
| The Conditional certificate is due to expire on _____, based on the information below please grant a _____ day extension.  |
| Please explain <b><i>in detail</i></b> the reasons why the outstanding work cannot be completed within the 90 days:<br><i>(attach pictures, repair quotes, or other necessary information to support your request)</i> |

***\*All work must be completed within the original 90 days unless otherwise noted on this approved request. If not in compliance by that date the unit will be placed out of service\****

|                          |  |                 |  |
|--------------------------|--|-----------------|--|
| Signature of Applicant:  |  | Printed Name:   |  |
| Relationship to Project: |  | License Number: |  |
| Phone Number:            |  | Date:           |  |

|                             |  |                                   |                                 |
|-----------------------------|--|-----------------------------------|---------------------------------|
| <b>For Office Use ONLY:</b> |  |                                   |                                 |
| Review Date:                |  | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |

|           |  |  |  |
|-----------|--|--|--|
| Comments: |  |  |  |
|-----------|--|--|--|

|                                |  |                      |  |
|--------------------------------|--|----------------------|--|
| Elevator Board Representative: |  | New Compliance Date: |  |
|--------------------------------|--|----------------------|--|