|  |  |
| --- | --- |
| TR-WM-158 (11/19) | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Weights and Measures, Permits and Licensing2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837Phone: (608) 224-4942 |       |
|  |
| EXTENSION REQUEST FOR ATCP 93 ADMINISTRATIVE ORDER |

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for purposes other than that which it was originally collected (s.15.04 (1)(m) Wis. Stats.).

|  |
| --- |
| FACILITY INFORMATION |
| FACILITY NAME:      | FACILITY ID#:      | SITE ID#:      |
| SITE STREET ADDRESS (not PO Box)      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN      | STATE   | ZIP      |
| **EXTENSION REQUESTER INFORMATION** |
| SITE OWNER NAME      | TELEPHONE(     )     -      | CELL PHONE(     )     -      |
| CONTRACTOR COMPANY NAME      | TELEPHONE(     )     -      | CELL PHONE(     )     -      |
| CONTACT PERSON      | EMAIL      | TELEPHONE(     )     -      |
|  |
| Administrative order #:       | Date of administrative order:       | Date contractor was first notified of this issue:       |
| Date of this request:       | New deadline date requested:       |
|  |
| **Violation 1.** List the violation requiring an extension:      |
| State the reason an extension is needed and the scope of work to be completed. Attach supporting documents (e.g., signed contracts, work/parts orders).      |
| **Violation 2.** List the violation requiring an extension:      |
| State the reason an extension is needed and the scope of work to be completed. Attach supporting documents (e.g., signed contracts, work/parts orders).      |
| **Violation 3.** List the violation requiring an extension:      |
| State the reason an extension is needed and the scope of work to be completed. Attach supporting documents (e.g., signed contracts, work/parts orders).      |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| OWNER’S NAME (TYPE OR PRINT) | OWNER’S SIGNATURE | DATE |

**Email completed form to the inspector or authorized agent who wrote the order and their supervisor.** Inspector contact information can be found here: <https://datcp.wi.gov/Pages/Programs_Services/StorageTankContacts.aspx>

**You will receive written notification from the department approving or denying this request.**

This document can be made available in alternate formats to individuals with disabilities upon request.