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| TR-WM-158 (11/19) | | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures, Permits and Licensing  2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837  Phone: (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.).

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| 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: | | | | | | | | | |
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| **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). | | | | | | | | | | |

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| 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.