

Application for permission to operate a lifting device on a specific site

The Occupational Safety and Health Division at the Regional State Administrative Agency recognizes the qualifications and grants permissions for specific construction sites.

1. The crane operator

Driver's name	Social Security Number
Nationality	Phone number
Report on crane driver exams taken and the content of the qualification	
Report on the work history as a crane driver	
Appendices	<div style="display: flex; justify-content: space-around;"> Copy of the Crane Driver Certificate* Copy of the qualification certificate* </div>

2. Information on the company applying for a permission

Company name	Business ID
Post address	Post code and office
Name of the person applying for a permission (first name and family name)	
Applicant's e-mail address	Applicant's phone number
Company's invoicing address	

3. Information on the building site and its duration

Building site name	
Building site address	
Name of the Project Supervisor	
Validity time for the permission ____ / ____ 20____ - ____ / ____ 20____	Termination of the building site ____ / ____ 20____
Information about the building site and the work stages where the crane is used	

4. Information on the crane

What type of crane should the permission be valid for, brand, model and lifting capacity
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Please send the form to:

Regional State Administrative Agency of Southern Finland Occupational Safety and Health Division P.O. Box 7, 13035 AVI, Finland tyosuojelu.etela@avi.fi
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