

Regional State Administrative Agency  
Occupational Safety and Health Division  
Post Box 110  
00521 HELSINKI

**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	Copy of the Crane Driver Certificate*      Copy of the qualification certificate*

**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 Occupational Safety and Health Division Post Box 110, 00521 HELSINKI tyosuojelu.etela@avi.fi
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