

(APPLICATION FOR ENTRY OF ALL MOBILE CRANES IN PCFC AREAS)

SR. NO:

RECEIPT NO:

COMPANY NAME:

LICENCE NO :

ISSUED FROM:



MANAGER NAME :



DESCRIPTION OF THE CRANE

MAKE :

REGISTRATION NO :

REG. EXPIRED ON:

TESTED BY :

TEST DATE :

SWL :

DETAILS OF THE OPERATOR

NAME OF THE OPERATOR :

OPERATOR LICENSE NO:

Valid Up to:

ISSUING AUTHORITY:

ALTERNATE OPERATOR (if required):

OPERATOR LICENSE NO:

Valid Up to:

ISSUING AUTHORITY:

ENVIRONMENT, HEALTH & SAFETY USE ONLY

CHECKED BY :

Signature

COMMENTS IF ANY :

DATE OF ISSUE :

THIS PERMISSION IS VALID FORMONTH (S) ONLY FROM THE DATE OF ISSUE

Date of Expiry:



(a) Trade license copy

(b) Original Load Test Certificate of the crane.

(c) Operator license copy (including Alternate Operator if required)

(d) Original Registration of Crane

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