

Assignment as Permit Manager

Full name of the person appointed as the Permit Manager	Contractor
Contact data: Email: Phone:	Does the appointee hold a valid fire hazard work certificate? (Yes/No)
Addresses, contracts, projects covered by this permit	How long is this permit valid?
Is the permit manager authorised to appoint another person as a permit manager?	
a) If employed in the same company: Yes No b) If employed by another worker Yes No	

..... Town/ City Date
..... Appointer (signature): Position
..... Full Name (written legibly) Company Name

I hereby confirm to have been appointed the permit manager as detailed above.

..... Town/ City Date
..... Full Name (written legibly) Company Name

