

# Personal delegation for the task of permit manager for fire hazard work involving fire hazards

Name of the person who will be responsible for the permit:	Client:
Contact details: E-mail: Phone:	Does the person have a valid certificate? Yes No <input type="checkbox"/> <input type="checkbox"/>
Which addresses, missions, projects does the permit responsibility refer to?	How long is the permit valid?
Does the permit manager have the right to appoint another permit manager? Yes No a) Within the same employer <input type="checkbox"/> <input type="checkbox"/> b) To another contractor <input type="checkbox"/> <input type="checkbox"/>	

.....  
City

.....  
Date

.....  
Assignment given by (signature)

.....  
Function

.....  
Name in block letters

.....  
Company

I confirm that I have been assigned the role of permit manager as set out above.

.....  
City

.....  
Date

.....  
Signature

.....  
Name in block letters