Department of Labor and Industries
Division of Occupational Safety and Health
PO Box 44655
Olympia WA 98504-4655

APPLICATION FOR PERMIT
TO OPERATE RADIO SIGNAL SYSTEM IN DESIGNATED AREA

Firm name | **Phone number**

Address **City** **State** **ZIP+4**

Radio carrier frequency | **Receiver's serial no.**

Tone coding frequencies

Name of manufacturer of signal system

Intended function of unit:
☐ **Voice communication** ☐ **Whistle signal** ☐ **Control equipment**

System to be used for:
☐ **Grapple** ☐ **Highlead, Slackline, Skidder** ☐ **Balloon**

Area in which unit will be operated **(Area map included in Safety Standards for Logging Operations)**
1 ☐ **2** ☐ **3** ☐

Type of tone:
☐ **Sequential** ☐ **Simultaneous** ☐ **If other, specify type**

System purchased or acquired from | **Date system purchased or acquired:**

Mail permit to:

Address **City** **State** **ZIP+4**

Department Use Only
Date Permit Issued
/ /

F416-087-000 app for permit 09-13

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