Notification of Crane Installation

Form No.2 (relates to Clause 5)

Type of business					
Name of business					
Location of business			Tel	ephone	
Installation site					
Type and model of crane				Hoisting load capacity	t
Date and No. of permission	Date:	No.		()
for installation					
	Name:				
Name and address of person or company	Address:				
who installs the crane					
	Telephone				
Scheduled date of completion					

Date:

Name and title of person or company who installs crane

Seal

To the Director of the Labor Standards Inspection Office

Remarks

- 1. In the "Type of business", please fill in the Japanese Standard Industry Classification (middle classification).
- 2. When the crane has already received a manufacturing permission, describe the fact in the () of "Date and No. of permission for installation" box.
- 3. Fill in one's full name accompanied with seal or signature.