

Operator Permit	Training Certification / Operator Permit																				
Company _____ Employee _____ I.D. No. _____ is authorized to operate the following equipment: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">General Industry</td> <td style="text-align: center; width: 50%;">Construction</td> </tr> <tr> <td><u>Part 21 Powered Industrial Trucks</u></td> <td><u>Part 12 Scaffold Platforms</u></td> </tr> <tr> <td><input type="checkbox"/> Counter Balanced Truck</td> <td><input type="checkbox"/> Rough Terrain Truck</td> </tr> <tr> <td><input type="checkbox"/> Order Picker Lift Truck</td> <td><u>Part 13 Mobile Equipment</u></td> </tr> <tr> <td><input type="checkbox"/> Side Loader</td> <td><input type="checkbox"/> Forklift Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Reach Truck</td> <td><u>Part 32 Aerial Work Platforms</u></td> </tr> <tr> <td><input type="checkbox"/> Straddle Truck</td> <td><input type="checkbox"/> Boom Supported Elevating</td> </tr> <tr> <td><input type="checkbox"/> Rough Terrain Truck</td> <td><input type="checkbox"/> Manual Propelled Elevating</td> </tr> <tr> <td><input type="checkbox"/> Industrial Tractor</td> <td><input type="checkbox"/> Self-Propelled Electric</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Vehicle Mounted</td> </tr> </table> Operator Restrictions: _____ Date Issued: _____ Date Expires: _____ Name of Issuing Authority: _____	General Industry	Construction	<u>Part 21 Powered Industrial Trucks</u>	<u>Part 12 Scaffold Platforms</u>	<input type="checkbox"/> Counter Balanced Truck	<input type="checkbox"/> Rough Terrain Truck	<input type="checkbox"/> Order Picker Lift Truck	<u>Part 13 Mobile Equipment</u>	<input type="checkbox"/> Side Loader	<input type="checkbox"/> Forklift Material Handling	<input type="checkbox"/> Reach Truck	<u>Part 32 Aerial Work Platforms</u>	<input type="checkbox"/> Straddle Truck	<input type="checkbox"/> Boom Supported Elevating	<input type="checkbox"/> Rough Terrain Truck	<input type="checkbox"/> Manual Propelled Elevating	<input type="checkbox"/> Industrial Tractor	<input type="checkbox"/> Self-Propelled Electric	<input type="checkbox"/> Other	<input type="checkbox"/> Vehicle Mounted	Employee: _____ Number _____ Shift: _____ Date Tested: _____ Date Permit Issued: _____ Expiration Date: _____ Restrictions: _____  <div style="display: flex; align-items: center;"> <div style="font-size: 8px;">             Michigan Department of Labor &amp; Economic Growth              Consultation Education &amp; Training Division  <a href="http://www.michigan.gov/miosha">www.michigan.gov/miosha</a> </div> </div> <div style="text-align: right; font-size: 8px;">BSR/SET #0116C (Rev. 12-03)</div>
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**EMPLOYER  
FILE**

DETACH

<p><b>Note To Employer:</b></p> <p>Equipment listed on this permit / training certification card require operator selection, training, and testing prior to issuance. Consult MIOsha General Industry Standards Part 21 Powered Industrial Trucks and Construction Safety Standard Part 12 Scaffolds, Part 13 Mobile Equipment, and Part 32 Aerial Work Platforms for specific requirements.</p> <p style="text-align: center;"><u>OTHER MOBILE EQUIPMENT</u></p> <p>It should be noted that MIOsha General Industry Standards Part 19 Crawler, Locomotive and Truck Cranes; Part 22 Tractors; Part 58 Vehicle Mounted Elevating and Rotating Platforms; and Construction Safety Standards Part 10 Lifting and Digging Equipment also contain operator selection, training, and testing requirement, however operator permits or training certification is optional.</p>	<p><b>Employee Requirements:</b></p> <p>Equipment listed on this permit require a safety inspection at the start of each shift. Items to be checked are: controls and limit switches for function; tires for condition, pressure and or loading; fuel and hydraulic systems for leaks; lights and wiring device for proper operation; fluid levels and instrument readings; seat belts for condition and function, if equipped.</p> <p>Consult equipment manufacturers operator manual for additional requirements. Report any defects immediately to supervisor.</p> <div style="text-align: right;"> </div>
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