

FIFTH SCHEDULE
[Regulation 54]

MINISTRY OF LABOUR, INDUSTRIAL RELATIONS, EMPLOYMENT AND TRAINING
APPLICATION FOR SCAFFOLD CONTRACTOR'S PERMIT

1. (a) Name of applicant:
- (b) National Identity Card Number or Business Registration Number, whichever is applicable:
- (c) Business address:
- (d) Address for correspondence:
- (e) Telephone No.: (Home) (Office) (Mobile)
- (f) Registration number under the National Pension Scheme:
2. (a) Name and status of representative, if any, authorised to action behalf of applicant:
- (b) National Identity Card No.:
- (c) Telephone No.: (Home) (Office) (Mobile)
3. (a) Name of scaffold supervisor:
- (b) National Identity Card No.:
- (c) Educational and technical qualifications:
(*copy of certificates to be enclosed*)
- (d) Number of years of experience in scaffolding work:
- (e) Telephone No.: (Home) (Office) (Mobile)

Note: The Permanent Secretary may request additional documents to be submitted. Copy of additional documents should be submitted.

Date: Signature of Applicant/Representative

FOR OFFICE USE ONLY

1. Additional particulars, information, statements and documents required: -
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2. Application approved/not approved *with/without* conditions.
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Date: Permanent Secretary

* Delete as appropriate