

To:
Instant Norge AS E-
mail:
info@instantkurs.no

Date: ____ / ____ - 20____

Confirmation of practical training in scaffold building

Information about the course user:

The undersigned hereby confirms that _____ born _____ has
been our employee for at least 6 months, and that our company regularly makes use of scaffolding.

Information about the person signing the confirmation (competent person):

Name: _____

Company: _____

Position: _____

Phone: _____

E-mail: _____

Signature: _____

A copy of the undersigned's certificate of competence must be attached to this document when submitting.

Registration of practical training in scaffold building



Name, adress and company:

Register number of hours of practical training for each type of scaffolding.

Employer – Construction site	Wooden scaffolding	Tube and clamp scaffolding	System scaffolding	Jack scaffolding	Tower scaffolding	Trestle scaffolding	Attestation for completed training and control (signature)
Total number of hours:							

Please print and fill out the information in the attached form. Thereafter, scan the document and send it to: info@instantkurs.no.
 Alternatively, send it to Instant Business Services, Kareiviu g. 11B, LT-09109 VILNIUS.