



## Permit Application Radio-Tone-Controlled Devices

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Area used: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )- \_\_\_\_\_

Radio frequency: \_\_\_\_\_ Make: \_\_\_\_\_

Tone frequency: \_\_\_\_\_ Model: \_\_\_\_\_

Function: Whistle  Carriage  Serial no: \_\_\_\_\_

Oregon Occupational Safety & Health Division • Department of Consumer & Business Services  
440-1069web (11/00) (COM)

Print form, fill, fold and tape closed, affix first-class postage, and mail.

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Fold here

**Dept. of Consumer & Business Services**  
Oregon Occupational Safety & Health Division  
350 Winter St. NE  
Salem, OR 97301-3882

Place  
Stamp  
Here