



# ARBETSMILJÖ VERKET

## Permit application

For official use only

Send the application to [arbetsmiljoverket@av.se](mailto:arbetsmiljoverket@av.se)  
or Arbetsmiljöverket, Box 9082, 171 09 Solna.

### Machining or treatment of asbestos or containing asbestos in accordance with 11 § AFS 2006:1

#### Details of company

Company		Company registration number
Address		
Postal address		
Contact person	Telephone number (include area code)	Mobile phone number

#### Details of workplace where the work is to be carried out

Address
Work method
Scope
Type of material containing asbestos that will be handled
Estimated amount of asbestos (approximate details m <sup>3</sup> , kg, m <sup>2</sup> insulation or other approximate amount)

#### How the waste will be transported and disposed of

Waste site	Haulier (normally a transportation permit from the County Administrative Board)
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#### Times

Requested starting date	Requested finishing date
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#### The following is attached:

- Training certificates for those who will be managing the work
- Training certificates for those who will be carrying out the work
- Certificates of fitness for duty for those who will be carrying out the work, se 49 §§
- Handling and safety instructions (date and company in question must be included in the instructions)
- A statement from the local safety delegate or, failing that, a statement from the regional safety delegate