

Application for Permit To Operate Radio Signal System in Designated Area

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Firm Name		Phone Number	
Address		City	State Zip Code
Radio Carrier Frequency		Receiver's Serial Number	
Tone Coding Frequencies		Name of Manufacturer of Signal System	
Intended Function of Unit <input type="checkbox"/> Voice Communication <input type="checkbox"/> Whistle Signal <input type="checkbox"/> Control Equipment			
System to Be Used For <input type="checkbox"/> Grapple <input type="checkbox"/> Highlead, Stackline, Skidder <input type="checkbox"/> Balloon			
Area in Which Unit will be Operated (Area map included in Safety Standards for Logging Operations) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Type of Tone: <input type="checkbox"/> Sequential <input type="checkbox"/> Simultaneous <input type="checkbox"/> Other — Specify:			
System Purchased or Acquired From		Date System Purchased or Acquired	
Mail Permit To		Dept. Use Only	
Address		City	State Zip Code
		Date Permit Issued	