

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.

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

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

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](mailto:info@instantkurs.no).  
Alternatively, send it to Instant Business Services, Kareiviy g. 11B, LT-09109 VILNIUS.