

Permitted Equipment Operator's Request Form

Revision: September 8, 2026

Tip: To use this document, click **File > Make a Copy** and save to your Drive.

☐ Initial Request (UM Employee)	☐ Contracted Vendor Labor (CVL)
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Contact Information	
Operators Name	
UMID #	
Operators Uniqname	
Job Title	
Department	
Supervisor	
Department Contact (name)	
Department Contact (uniqname)	

Drivers License Information	
State	
Expiration Date	
Restrictions	

Identify specific type of equipment and location of operation

Type (check all that apply):

Powered Industrial Vehicles	Aerial Lifts	Cranes	Tractor	Mobile Equipment
☐ Fork Lift	☐ Boom Supported Elevating	☐ Gantry	☐ Tractor	☐ Backhoe
☐ Powered Pallet Jacks (walkie)	☐ Manual Propelled Elevating	☐ Overhead		☐ Bulldozer
☐ Utility Vehicle (Kubota/Toolcat)	☐ Self Propelled Elevating			☐ Front End Loader
	☐ Vehicle Mounted			☐ Skid Steer
				☐ Telehandler



Location (Bldg./Dock Area, Shop #):	
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I certify that the operator listed above has demonstrated safe operation of the indicated equipment.

Please return this evaluation and the following forms to EHS-PermitEquip@umich.edu

UM Employee Requests:

- ☐ Written Test, specific to the equipment being used
- ☐ Performance Evaluation

CVL Requests:

- ☐ Copy of current equipment permit from employer
- ☐ Performance Evaluation, specifically for UM equipment

Evaluator/Supervisor's Name (Print): _____ **Date:** _____

Signature: _____