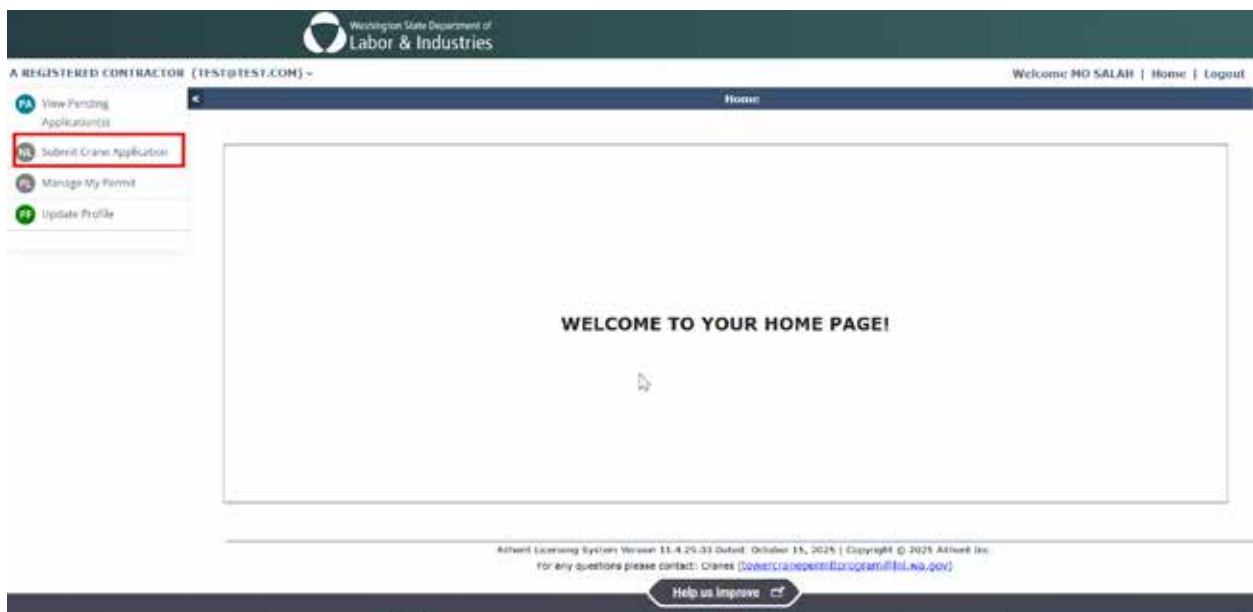


Crane Certification and Permit Management System

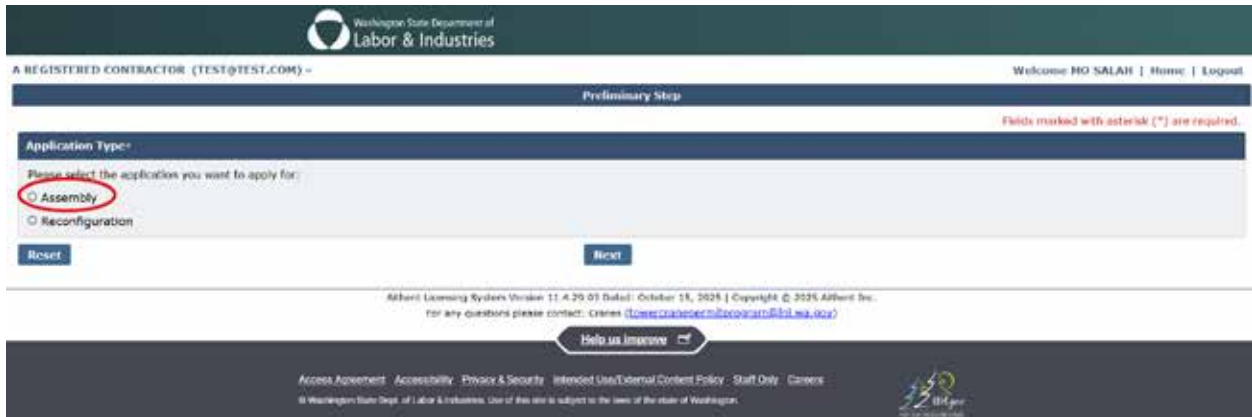
Applying for Tower Crane Assembly – Application – New Crane:

NOTE: New cranes have never been certified / there is no C number.

From the home screen, select “Submit Crane Application” option from the menu.



On the “Preliminary Step” screen, select Application Type as “Assembly”.



If the crane has never been certified and does not have a C number, choose “No, it is new”. (If you have a C number, follow the training guide for an existing crane.)



Permit Type section is displayed with “Construction Tower Crane” pre-selected. Click Next button.



Assembly Screen with “Entity Information” Tab is displayed.

The screenshot shows the 'Assembly' application screen for a registered contractor. The 'Entity Information' tab is highlighted with a red box. The form contains the following fields:

- Entity Information:**
 - Entity Name*: A REGISTERED CONTRACTOR
 - UBI #: 603-555-999
- Primary Contact:**
 - First Name*: MO
 - Middle Name: (empty)
 - Last Name*: SALAH
 - Email*: MoSalah242025@outlook.com
 - Phone*: 302-111-0922
- License Information:**
 - General Contractor License#: REG2NIC7550BL
 - Expiration Date: 03/13/2027
 - Status: ACTIVE

Navigation buttons: BACK, NEXT, and a 'Review' button at the bottom left. A footer note reads: 'Athlet Licensing System (version 11.4.29.03) Dated: October 15, 2015 | Copyright © 2015 Athlet Inc. For any questions please contact: Grant (grant.wanacore@dc.wa.gov)'.

Note: The user can submit the Assembly application only if the “Status” is “Active” in the “License Information” section.

This screenshot is identical to the previous one, but the 'License Information' tab is highlighted with a red box. The 'Status' field in the license information section is also highlighted with a red box and contains the value 'ACTIVE'. All other fields and navigation elements remain the same.

In the Entity Information section, if applicable, you can edit “Primary Contact” subsection. If there are no changes, click “Next” button.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information | Address Information | Owner Information | Additional Information | Questions | Activation

Please review information for accuracy.

Entity Information

Entity Name * A REGISTERED CONTRACTOR

UBI # 603-555-999

Primary Contact

First Name * MO

Last Name * SALAH

Email * MoSalah242025@outlook.com

Middle Name

Phone * 302-111-0022

License Information

General Contractor License# REG598C7506L Expiration Date 03/13/2027 Status ACTIVE

Reset BACK NEXT

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For any questions please contact: Crisnet (lowercrisnet@crisnet.wa.gov)

Assembly screen with “Address Information” Tab is displayed.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Entity Information | **Address Information** | Owner Information | Additional Information | Questions | Activation

Please review Address Information for accuracy.

Entity Mailing Address Copy From

Country * United States

Address * 173 MADE ST

City * OLYMPIA State/Province * WASHINGTON Zip * 98504

County * Thurston Primary Phone # - Ext * 360-555-5555 Alternate Phone # - Ext

Tax Primary E-mail * TEST@TEST.COM Alternate E-mail E-mail

Site Location Copy From

Country * United States

Contact * Please enter a physical address where the owner is to be located - PO Box is not allowed.

Address * Sub/Apt/Unit/etc.

City * State/Province * WASHINGTON Zip *

County * - Choose One - Primary Phone # - Ext * Alternate Phone # - Ext

Reset BACK NEXT

User has an option to copy from “Entity Mailing Address” section and then can edit the “Site Location” section.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information | Address Information | **Owner Information** | Additional Information | Questions | Attestation

Please review Address Information for accuracy.

Entity Mailing Address

Country * United States

Address * 123 MAIN ST

City * OLYMPIA State/Province * WASHINGTON

County * Thurston Primary Phone # - Ext * 360-555-5555

Fax Primary E-mail * TEST@TEST.COM

Site Location

Country * United States

Contact *

Address *

City * OLYMPIA State/Province * WASHINGTON

County * Thurston Primary Phone # - Ext * 360-555-5555

Next

Enter all the required fields in “Site Location” section and click “Next” button.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Address * 123 MAIN ST

City * OLYMPIA State/Province * WASHINGTON

County * Thurston Primary Phone # - Ext * 360-555-5555

Fax Primary E-mail * TEST@TEST.COM

Site Location

Country * United States

Contact * Coner Bradley

Address * 553 Newark Rd

City * Clark State/Province * WASHINGTON

County * Clark Primary Phone # - Ext * 302-115-5466

Next

Owner Information Tab is displayed. Click on “Add” button

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information | Address Information | **Owner Information** | Additional Information | Questions | Attestation

Owner Information

Please click 'Add' to add a new row.

Next


Owner Detail pop-up screen is displayed. If the user knows the Owner ID, they can enter it in “Owner ID” field. If the user does not know the Owner ID, they can click on the “magnifying glass” icon to search for Owner details

Welcome MO SALAH

Fields marked with asterisk (*) are required.

Owner Detail

Owner Detail

Owner Id* 

Owner Name*

Is Current Yes No

Comments

Entity Mailing Address

Country*

Contact

Address* Suite/Apt/Unit/etc.

City* State/Province* Zip*

County* Primary Phone # - Ext* Alternate Phone # - Ext

Fax Primary E-mail* E-mail Alternate E-mail E-mail

On clicking the “magnifying Glass” icon, “Owner Search” pop-up screen is displayed. The user can search for an owner using different search criteria like Owner ID, Name, Address. System allows partial/wildcard search options as well.

Owner Search

Owner Id

Name

Address Information

Address City State

Zip County Email

Phone #

If the user searches for an Owner and if there is no record found, system throws the following error with informative text: *“There are no crane owners that match that search criteria. Try modifying your search, or contact our office at TowerCranePermitProgram@Lni.wa.gov, or 360-902-4949 so we can assist you.”*

Owner Search ✕

Owner Search

Owner Id

Name City

▲ Address Information

Address City State

Zip County Email

Phone #

Close
Search
Reset

Owner Search

Name	Address	Primary Email	Primary Phone
<p>There are no crane owners that match that search criteria. Try modifying your search or contact our office at TowerCranePermitProgram@lni.wa.gov or 360-902-4949 so we can assist you.</p>			

If the Owner record is available in the system, Enter the “Name” and click on “Search” button.

Owner Search ✕

Owner Search

Owner Id

Name City

▲ Address Information

Address City State

Zip County Email

Phone #

Close
Search
Reset

Owner Search Results are displayed. Click on “Name” hyperlink as below.

Owner Search ✕

Owner Search

Owner Id

Name

▲ Address Information

Address City State

Zip County Email

Phone #

Close
Search
Reset

Owner Search

Name	Address	Primary Email	Primary Phone
FLORIAN WIRTZ	225 SILVER LAKE RD, CHELAN, WA 98801	BUILDINGOWNER@LNI.WA.GOV	302-115-5444

“Owner Detail” pop-up screen is displayed with Owner Detail and Entity Mailing Address populated. Click on “Save” button.

Welcome MO SALAH ✕
Fields marked with asterisk (*) are required.

Owner Detail

Owner Detail

Owner Id*

Owner Name*

Is Current Yes No

Comments

Entity Mailing Address

Country*

Contact

Address* Suite/Apt/Unit/etc.

City* State/Province* Zip*

County* Primary Phone # - Ext* Alternate Phone # - Ext

Fax Primary E-mail* Alternate E-mail

Owner Information Tab is displayed with “Owner Information” section populated with the Owner added. Click “Next” button.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information - Address Information - **Owner Information** - Additional Information - Questions - Attestation

Owner Information

Name	Address	Primary Email	Primary Phone	Delete
FLORIAN WIRTZ	225 SILVER LAKE RD, CHELAN, WA 98801	BUILDINGOWNER@LNL.WA.GOV	302-115-5444	Delete

1 to 1 of 1 < Page 1 of 1 >

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For any questions please contact: Grants (lowercareperm@program@lil.wa.gov)

Additional Information Tab is displayed with Mandatory Required Document(s) section and Crane Information section.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information - Address Information - Owner Information - **Additional Information** - Questions - Attestation

Mandatory Required Document(s)

You must attach at least one scanned document with each line item prior to submit the application. Click on Document(s) link to upload documents for an item.

Item #	Required Document Detail	Document(s)
1	APP for all employees (Accident Prevention Program)	Documents (0)
2	Written job plan, as required under 32 RCW 49.17.440	Documents (0)
3	Copy of the tower crane operator manual	Documents (0)
4	For each employee directly involved with the permitted work, a copy of their experience and qualifications: <ul style="list-style-type: none"> Operator's certifications Rigger qualification Signal person qualification Lift director qualification Assembly/Disassembly director qualifications (prior to the certification requirement) Technical representative (Distributor or Manufacturer) 	Documents (0)

1 to 4 of 4 - Page 1 of 1

Crane Information

Crane # 209332
Serial Number*

In the “Mandatory Required Document(s)” section, for each line item, the user uploads the document by clicking on “Documents (0)” hyperlink

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information - Address Information - Owner Information - **Additional Information** - Questions - Attestation

Mandatory Required Document(s)

You must attach at least one scanned document with each line item prior to submit the application. Click on Document(s) link to upload documents for an item.

Item #	Required Document Detail	Document(s)
1	APP for all employees (Accident Prevention Program)	Documents (0)
2	Written job plan, as required under 32 RCW 49.17.440	Documents (0)
3	Copy of the tower crane operator manual	Documents (0)
4	For each employee directly involved with the permitted work, a copy of their experience and qualifications: <ul style="list-style-type: none"> Operator's certifications Rigger qualification Signal person qualification Lift director qualification Assembly/Disassembly director qualifications (prior to the certification requirement) Technical representative (Distributor or Manufacturer) 	Documents (0)

1 to 4 of 4 - Page 1 of 1

“Document Upload” pop up screen is displayed. In the Attach Document(s) section, click “Add” button

Welcome MO SALAH

Fields marked with asterisk (*) are required.

Document Upload

Instructions:

- Click 'Add' to create a new row.
- Click 'Browse' or 'Choose File' on the row to select document. Repeat steps 1 & 2 to select more documents.
- Click 'Upload' button to attach all selected documents.
- Please confirm all documents are correct before uploading them. Any document uploaded here cannot be deleted.

Attach Document(s)* **Add**

Please click 'Add' to add a new row.

Close Upload

Click “Choose File” button, select the required file/document, click “Open” button.

Welcome MO SALAH ✕
Fields marked with asterisk (*) are required.

Document Upload

Instructions:

1. Click 'Add' to create a new row.
2. Click 'Browse' or 'Choose File' on the row to select document. Repeat steps 1 & 2 to select more documents.
3. Click 'Upload' button to attach all selected documents.
4. Please confirm all documents are correct before uploading them. Any document uploaded here cannot be deleted.

Attach Document(s)* Add

Please click 'Add' to add a new row.

Document	Comments	Delete
Choose File No file chosen		Delete

Close Upload

Open

The PC Desktop > Sample doc for JLS > Cranes

Name	Date modified	Type
Cranes_APP_Assembly	8/1/2014 1:01 PM	Microsoft Word
Cranes_APP_Assembly.docx	8/1/2014 1:01 PM	Microsoft Word
Cranes_Experience and Qualifications_Registration	8/1/2014 1:01 PM	Microsoft Word
Cranes_Experience and Qualifications_Registration	8/1/2014 1:01 PM	Microsoft Word
Cranes_Experience and Qualifications_Registration	8/1/2014 1:01 PM	Microsoft Word
Cranes_Experience and Qualifications_Registration	8/1/2014 1:01 PM	Microsoft Word
Cranes_Experience and Qualifications_Registration	8/1/2014 1:01 PM	Microsoft Word
Cranes_Experience and Qualifications_Registration	8/1/2014 1:01 PM	Microsoft Word

File name: Cranes_APP_Assembly

Open Cancel

Choose File No file chosen

Close Upload

Welcome MO SALAH ✕
Fields marked with asterisk (*) are required.

Attach Document(s)* Add

Please click 'Add' to add a new row.

Document	Comments	Delete
Choose File No file chosen		Delete

The document has been added. Click on “Upload” button.

Welcome MO SALAH ✕
Fields marked with asterisk (*) are required.

Document Upload

Instructions:

1. Click 'Add' to create a new row.
2. Click 'Browse' or 'Choose File' on the row to select document. Repeat steps 1 & 2 to select more documents.
3. Click 'Upload' button to attach all selected documents.
4. Please confirm all documents are correct before uploading them. Any document uploaded here cannot be deleted.

Attach Document(s)* Add

Please click 'Add' to add a new row.

Document	Comments	Delete
Choose File Cranes_APP_Assembly.docx		Delete

Close Upload

Choose File Cranes_APP_Assembly.docx

Close Upload

Additional Information Tab is displayed with document uploaded successfully. In the Document(s) column, Documents (0) hyperlink is changed to reflect Documents (1).

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information | Address Information | Owner Information | **Additional Information** | Quotes | Allocation

BACK NEXT

Mandatory Required Document(S)

You must attach at least one scanned document with each line item prior to submit the application. Click on Document(s) link to upload documents for an item.

Item #	Required Document Detail	Document(s)
1	APP for all employers (Accident Prevention Program)	Documents (1)
2	Written job plan, as required under 32 RCW 49.17.440	Documents (0)
3	Copy of the tower crane operator manual	Documents (0)
4	For each employee directly involved with the permitted work, a copy of their experience and qualifications: <ul style="list-style-type: none"> Operator's certifications Rigger qualification Signal person qualification Lift director qualification Assembly/Disassembly director qualifications (prior to the certification requirement) Technical representative (Distributor or Manufacturer) 	Documents (0)

1 to 4 of 4 - Page 1 of 1

In the same manner, upload all the Mandatory Required Documents.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information | Address Information | Owner Information | **Additional Information** | Quotes | Allocation

BACK NEXT

Mandatory Required Document(S)

You must attach at least one scanned document with each line item prior to submit the application. Click on Document(s) link to upload documents for an item.

Item #	Required Document Detail	Document(s)
1	APP for all employers (Accident Prevention Program)	Documents (1)
2	Written job plan, as required under 32 RCW 49.17.440	Documents (1)
3	Copy of the tower crane operator manual	Documents (1)
4	For each employee directly involved with the permitted work, a copy of their experience and qualifications: <ul style="list-style-type: none"> Operator's certifications Rigger qualification Signal person qualification Lift director qualification Assembly/Disassembly director qualifications (prior to the certification requirement) Technical representative (Distributor or Manufacturer) 	Documents (1)

1 to 4 of 4 - Page 1 of 1

In the "Crane Information" section, enter all the required fields and click "Next" button.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

1 to 4 of 4 - Page 1 of 1

Crane Information

Crane # 200332

Serial Number* QWBRTY123

Load Test Expiration Date WED03/01/22

Manufacturer* Schaefer

Crane Type* TOWER: SELF-ERECTING

Capacity At Max Radius* 50

Crane Height* 150

Owner Number/Desc 112211

Boom Length* 50

Hook Reach Qty* 50

Crane Assembly Height* 150

Job Length* 50

Counter Weight* 50

Non Standard Base Approved Flag Yes No

Height to be Raised Flag* Yes No

Load Test Override Yes No

Model* SCH111

Manufacturer Year* 2022

Last Certification Date WED03/01/22

Max Rated Capacity* 50

Height Under Hook Qty* 50

Counter Jib Length* 50

Non Standard Base Flag Yes No

Sections* 5

Reset BACK NEXT

Questions Tab is displayed with “Questions” section.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information Address Information Owner Information Additional Information **Questions** Authorization

BACK NEXT

Questions

We require twenty (20) working days for processing Tower Crane permits. If you are applying for a permit less than twenty working days prior to your planned start date, there is no guarantee the permit will be completed in time.

Question

1 Date of Planned Assembly*

Response WED03/01/22

Reset BACK NEXT

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Help us improve

Select the Date of Planned Assembly and click “Next” button.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information Address Information Owner Information Additional Information **Questions** Authorization

BACK NEXT

Questions

We require twenty (20) working days for processing Tower Crane permits. If you are applying for a permit less than twenty working days prior to your planned start date, there is no guarantee the permit will be completed in time.

Question

1 Date of Planned Assembly*

Response 11/24/2021

Reset BACK NEXT

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Help us improve

Access Agreement Accessibility Privacy & Security Internal Use/External Contact Office Staff Only Careers

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Attestation Tab is displayed with “Attestation” section. Click on the checkbox and click “Submit Application” button.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly

Entity Information | Address Information | Owner Information | Additional Information | Questions | **Attestation**

Attestation

You must check the following:

attest that I am the prime contractor and acknowledge:

- all applicable safety orders,
- crane manufacturer operation instructions and guidelines,
- written procedures from a Registered Professional Structural Engineer (RPSE),
- along with recommended practices prior to performing the work.

Name* MO SALAH Date* 10/24/2025

Submit Application

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For any questions please contact: Crane: towercranepermits@lmi.wa.gov

Help us improve

“Assembly Submitted” screen with “Confirmation” section and “Checklist” section is displayed.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly Submitted

Confirmation

Thank you for using our online services.

LMI has received your permit application. Your online transaction number is **663**.
Please use this transaction number for any future communication with us. Please allow up to 5 business days for a response.

Please note:
Each Assembly, Reconfiguration, or Disassembly action requires a separate application.

If you have any questions, please contact the Tower Crane Permit Program at : towercranepermits@lmi.wa.gov or 360-502-4949.

To View/Print application summary: [Click Here](#)

Check & List

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	Action Type	Item	View/Attach	Item Status
1	All	Street Closure Permits	Documents (0)	Pending
2	All	Additional Supporting Document(s)	Documents (0)	Pending

[Return to Home](#) [Logout](#)

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For any questions please contact: Crane: towercranepermits@lmi.wa.gov

Help us improve

The user receives “New Application Submitted” email notification with “ApplicationDocumentsReceived” PDF letter attached.

New Application Submitted



cranes-noreply@lni.wa.gov

To: test@test.com; mosalah242025@outlook.com

Cc: LNI DL Tower Crane Permit Program; LNI DL Crane Safety

Reply Reply All Forward

Fri 10/24/2025 12:03 PM



ApplicationDocumentsReceived.pdf
24 KB

External Email

Dear **A REGISTERED CONTRACTOR**,

Your **Assembly** application has been submitted for **200332** to the Tower Crane Permit Program. Your transaction number for this application is **661**.

Once the review of your application is complete, you will receive an email notification. To check the status of your online application please login to the online portal, Crane Certification and Permit Management System, through <https://secure.lni.wa.gov/home> and follow the "View Pending Application" link.

This is a system-generated message; please **DO NOT** reply to this email. If you have any questions, please contact the Tower Crane Permit Program at: towercranepermitprogram@lni.wa.gov or 360-902-4949.

Please include your transaction number in your communication.

Thank you,

Tower Crane Permit Program

L&I Division of Occupational Safety and Health

WA State Department of Labor & Industries

On "Assembly Submitted" screen, in the "Confirmation" section, if the user wants to view the application summary, click on "Click Here" hyperlink. Application Summary PDF is downloaded and can be viewed.

Washington State Department of Labor & Industries

Application Type	
Question	Response
Please select the application you want to apply for	Assembly

License Information			
General Contractor License#	REGISRC755DL	Expiration Date	03/13/2027
Status	ACTIVE		

Entity Information	
Entity Name: A REGISTERED CONTRACTOR	
UBI #: 603-555-999	
Primary Contact	
First Name: MO	Middle Name:
Last Name: SALAH	
Email: MOSALAH242025@OUTLOOK.COM	Phone: 302-111-0022
	Ext:

Entity Mailing Address

In the "Checklist" section, if the user wants to upload additional documents, they can click on "Documents (0)" hyperlink

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly Submitted

Confirmation

Thank you for using our online services.

LAI has received your permit application. Your online transaction number is **661**. Please use this transaction number for any future communication with us. Please allow up to 5 business days for a response.

Please note:
Each Assembly, Reconfiguration, or Disassembly action requires a separate application.

If you have any questions, please contact the Tower Crane Permit Program at : towercranepermitprogram@lil.wa.gov or 360-902-4949.

To View/Print application summary: [Click here](#)

Check List

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	Action Type	Item	View/Attach	Item Status
1	All	Street Closure Permits	Documents (0)	Pending
2	All	Additional Supporting Document(s)	Documents (0)	Pending

[Return to Home](#) [Logout](#)

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For any questions please contact: cranes@towercranepermitprogram@lil.wa.gov

[Help us improve](#)

The user can click on “Return to Home” button to navigate back to home screen or click on “Logout” button to log out of the portal.

Washington State Department of Labor & Industries

A REGISTERED CONTRACTOR (TEST@TEST.COM) - Welcome MO SALAH | Home | Logout

Assembly Submitted

Confirmation

Thank you for using our online services.

LAI has received your permit application. Your online transaction number is **661**. Please use this transaction number for any future communication with us. Please allow up to 5 business days for a response.

Please note:
Each Assembly, Reconfiguration, or Disassembly action requires a separate application.

If you have any questions, please contact the Tower Crane Permit Program at : towercranepermitprogram@lil.wa.gov or 360-902-4949.

To View/Print application summary: [Click here](#)

Check List

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	Action Type	Item	View/Attach	Item Status
1	All	Street Closure Permits	Documents (0)	Pending
2	All	Additional Supporting Document(s)	Documents (0)	Pending

[Return to Home](#) [Logout](#)

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For any questions please contact: cranes@towercranepermitprogram@lil.wa.gov

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