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| **WNIOSEK  O UDZIAŁ W SZKOLENIU OSÓB WYKONUJĄCYCH CZYNNOŚCI W ZAKRESIE TRANSPORTU LUB OBSŁUGI ZWIERZĄT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ A – WYPEŁNIA WNIOSKODAWCA drukowanymi literami** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ……………………………………………………………………  /nazwa miejscowości/ | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | - | |  | |  | | - | |  | |  | | |  | | |  | | |
| **Wojewódzki Ośrodek**  **Ruchu Drogowego w Białymstoku**  **ul. Wiewiórcza 64, tel. 85 743-26-24**  **nr konta: 04 8769 0002 0390 1166 2000 0010** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ja, niżej podpisany/a, zgłaszam chęć udziału w szkoleniu osób wykonujących czynności w zakresie transportu lub obsługi zwierząt: (zaznacz wybrane X)\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Transportu zwierząt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Obsługi zwierząt w czasie transportu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Obsługi zwierząt w punktach gromadzenia zwierząt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PESEL\*** | | |  |  |  |  |  |  | |  | |  | |  | |  | |  | **Data urodzenia** | | | | | | | |  | |  | | **-** | |  | |  | | **-** | |  | |  | | |  | | |  | | |
| **Nazwisko** | | |  | | | | | | | | | | | | | | | | | | | **Imiona** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **ADRES ZAMIESZKANIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy | | | |  |  | **-** |  |  | |  | | Miejscowość | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica i nr | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr telefonu | | | |  | | | | | | | | | | | | | E-mail | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rodzaj, seria i numer tożsamości | | | |  | | | | | | | | | | | | | Seria i numer\*\* paszportu | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejsce Urodzenia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Odbiór zaświadczenia** | | | | | |  | osobiście | | | | | |  | przesłać pocztą na adres: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proszę o wystawienie faktury VAT na (podaj dane Płatnika):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | **NIP** | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |
| * Oświadczam, że powyższe dane są zgodne ze stanem faktycznym. * Oświadczam, że zapoznałam/em się z Regulamin szkolenia w zakresie kierowania ruchem drogowym. Zobowiązuję się do przestrzegania jego postanowień.   \*W przypadku obywateli państw członkowskich Unii Europejskiej, Konfederacji Szwajcarskiej lub państwa członkowskiego Europejskiego Porozumienia o Wolnym Handlu (EFTA) – strony umowy o Europejskim Obszarze Gospodarczym  \*\* W przypadku obywateli innych państw  …………………………………………………………….  (czytelny podpis osoby przystępującej do zajęć) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ B – WYPEŁNIA OŚRODEK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Potwierdzam wpłatę na kwotę | | | | | | | | |  | | | | | | | | | | | z dnia | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Faktura nr | |  | | | | | | | | | z dnia | | | |  | | | | | | | na kwotę | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| …………………………………………………………….  (pieczątka i podpis osoby przyjmującej wniosek) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |