**Application**

**concerning the authorisation of training in the field of plant protection**

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| Name of the legal person |  |
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| Unified registration No. |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Legal address |  |
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|  |  |
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| Phone number |  |

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| E-mail address |  |

Please issue a permit *(mark as appropriate):*

|  |
| --- |
|[ ]  training for professional users of plant protection products |
|[ ]  training of plant protection product operators |
|[ ]  training of vendors of plant protection products |
|[ ]  training of plant protection consultants |

I would like to get permission *(mark as needed):*

|  |  |
| --- | --- |
|[ ]  to e-mail, address: |  |

|  |  |
| --- | --- |
|[ ]  by post, address: |  |

Annex:

1. List of lecturers on \_\_\_\_\_\_\_\_ lp.
2. Training program on \_\_\_\_\_\_\_ lp.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Position, name, surname |  | Signature\* |

Note: \* The detail of the document "signature" shall not be completed if the electronic document has been drawn up in accordance with the laws and regulations regarding drawing up of electronic documents.".