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| Rzeczypospolita Polska | | | **URZĄD DO KTÓREGO KIERUJESZ WNIOSEK:** | | | | | | | | | | | |  | | | SYMBOL/00/00 | | | | | | | | | | | | | | | |
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| **Wniosek o wydanie uprawnienia diagnosty** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Instrukcja wypełnienia dokumentu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | Wniosek złóż do starostwa powiatowego lub urzędu miasta na prawach powiatu właściwego dla Twojego miejsca zamieszkania. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | WYPEŁNIJ DRUKOWANYMI LITARAMI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | Pola wyboru oznaczaj  lub . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | Wypełniaj kolorem **czarnym** lub **niebieskim**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II. Dane wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **1. Adres miejsca zamieszkania** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Państwo | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **2. Dane kontaktowe wnioskodawcy** *(pole nieobowiązkowe)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Adres poczty elektronicznej | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **3. Adres korespondencyjny wnioskodawcy** *(należy wypełnić jeśli jest inny niż wskazany powyżej)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **III. Treść wniosku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **1. Wnoszę o udzielenie uprawnienia diagnosty do wykonywania** *(należy zaznaczyć właściwe):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | okresowych badań technicznych pojazdów, w tym także pojazdu zabytkowego, taksówki, pojazdu uprzywilejowanego, pojazdu przeznaczonego do nauki jazdy, pojazdu do przeprowadzania egzaminu państwowego, dodatkowych badań technicznych pojazdów skierowanych przez starostę w celu ustalenia danych niezbędnych do jego rejestracji; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | badań technicznych autobusu, którego dopuszczalna prędkość na autostradzie i drodze ekspresowej wynosi 100 km/h; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | badań technicznych pojazdów przeznaczonych do przewozu towarów niebezpiecznych; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | badań technicznych pojazdów przystosowanych do zasilania gazem; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | badań technicznych pojazdów: zarejestrowanych po raz pierwszy za granicą, skierowanych przez organ kontroli ruchu drogowego lub starostę, o ile wymagają specjalistycznego badania, oraz pojazdów, w których dokonano zmian konstrukcyjnych lub wymiany elementów powodujących zmianę danych w dowodzie rejestracyjnym; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. Dane pełnomocnika** *(jeśli został ustanowiony)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **V. Podstawa prawna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art. 84 ust. 2 ustawy z dnia 20 czerwca 1997 r. - Prawo o ruchu drogowym | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VI. Załączniki** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Kserokopie dokumentów potwierdzających posiadanie wymaganej praktyki zawodowej** *(np. świadectwo szkolne, dyplom ukończenia uczelni wyższej)***:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. Kserokopie dokumentów potwierdzających posiadanie wymaganej praktyki zawodowej *(np. zaświadczenie o odbyciu praktyki zawodowej, świadectwo pracy)*:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. Kserokopie zaświadczeń ukończonych szkoleń (kursów):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Kserokopię zaświadczenia potwierdzającego zdanie egzaminu kwalifikacyjnego:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Dowód uiszczenia opłaty skarbowej;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Dokument pełnomocnictwa, o ile został ustanowiony pełnomocnik;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Opłata z tytułu udzielenia pełnomocnictwa, o ile został ustanowiony pełnomocnik;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Inne załączniki:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VII. Dane osoby składającej wniosek** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | *Data w formacie DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VIII. Dodatkowe informacje** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przy składaniu wniosku przedstaw do wglądu oryginały dokumentów w celu potwierdzenia zgodności złożonych kserokopii. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |