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| **APPLICATION FORM**  **for a professional qualification of navigation exams for inland waterway** | | | **The date of the exam:** | | |
| ***Please fill it out clearly legibly in accordance with the data of your identity card.*** | | | **20**. **month**  **day** | | |
| **Name:** | | | | **Mother's name:** | |
| **Place and date of birth**: | | | | | |
| **Notification (mailing) address:** | | | | **Tel:**  **Email:**  **CID No:** | |
| The qualification you want to obtain: | | | | | |
| * European Union certificated Boatmaster * Radiotelephone Operator’s Certificate for Inland Waterway Navigation | | | | | |
| **Exam for a critical stretch of waterway**  **German sections of the Danube:**   * 2249-2259 rkm * 2259-2269 rkm * 2269-2276 rkm * 2276-2284 rkm * 2284-2295 rkm * 2295-2305 rkm * 2305-2314 rkm * 2314-2322 rkm | **Exam for a critical stretch of waterway Austrian sections of the Danube:**   * 1880-1920 rkm * 2001-2036 rkm * 2074-2081 rkm | | | | **Exam for a critical stretch of waterway Hungarian sections of the Danube:**   * 1433-1479 rkm * 1479-1578 rkm * 1578-1640 rkm * 1640-1660 rkm * 1660-1708 rkm   **Exam for a critical stretch of waterway Hungarian-Slovak joint sections of the Danube:**   * 1708-1766 rkm * 1766-1811 rkm |
| **Exam for a critical stretch of waterway**  **sections of the Rhine:**   * 335-425 rkm * Other, but min. 20km:   …………………………….   * 498-592 rkm * Other, but min. 20km: ……………………………… | | | |
| Are you applying for a retake exam? Yes □ No □  By signing the application form, I make the following statements:  I declare that I am not disqualified from engaging in any activity with the qualification I wish to obtain.  I declare that my certificate is not subject to withdrawal. I declare that I am not under guardianship that excludes or restricts his legal capacity. I declare that I can swim to the extent necessary for water transport and with adequate water safety. I declare under penalty of perjury that the data provided are correct. I understand that in the event of falsification of the documents based on which the document was issued or in the event of false information, the qualification issued will be revoked. I consent to KAV Centre for Assessing Fitness to Drive and Drivers’ Examinations Non-Profit Limited Liability Company, handling and using my personal data recorded in my application for a navigation qualification exam, my signature sample, my personal data and my attached image to the extent necessary for administration. | | | | | |
|  | |  | | | |
| Dated:............................................................................ signature of the applicant | | | | | |