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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
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| **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
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| **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: ………………………………
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| 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. |
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| Dated:............................................................................ signature of the applicant |