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| **Logo ULC.gif** | | | | | | **DEPARTAMENT**  **BEZZAŁOGOWYCH STATKÓW POWIETRZNYCH**  **URZĄD LOTNICTWA CYWILNEGO**  ul. Marcina Flisa 2,  02-247 Warszawa | | | | | | | | | | | | | | **Pieczątka ULC / kod kreskowy** | | | | | | | | | | | | | **Kod wniosku 1BVLOS/LBSP** |
| **INFORMACJA DLA WYPEŁNIAJĄCYCH WNIOSEK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wniosek wraz załącznikami należy złożyć w Punkcie Obsługi Klienta Urzędu Lotnictwa Cywilnego lub przesłać na adres: ul. Marcina Flisa 2, 02-247 Warszawa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WYPEŁNIA PODMIOT – prosimy o wypełnienie wniosku wielkimi literami lub na komputerze** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wniosek o wydanie zgody na wykonywanie lotów BVLOS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ operacyjnych | | | | | | | | | | | | | □ specjalistycznych | | | | | | | | | □ szkoleniowych  nr RPS: ……………… | | | | | | | | | □ automatycznych | | |
| **DANE OSOBOWE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa podmiotu: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Numer NIP podmiotu: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **ADRES SIEDZIBY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica: | |  | | | | | | | | | | | | | | | | | | | | | | | Nr domu/mieszkania/lokalu: | | | | | | |  | |
| Kod pocztowy: | | | |  | | | |  | | | **-** |  | |  |  | Poczta: | | | | |  | | | | | | | | | | | | |
| Miejscowość: | | | |  | | | | | | | | | | | | | | | | | | Państwo: | | | |  | | | | | | | |
| **DANE KONTAKTOWE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | |  | | | | | | | | | | | | | | | | | E-mail: | | | | |  | | | | | | |
| **ADRES DO DORĘCZEŃ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ZAKRES PROWADZONEJ DZIAŁALNOŚCI OKREŚLONY NA PODSTAWIE PKD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. PKD | | |  | | | | | | | | | | | | | | | | | | | 4. PKD | |  | | | | | | | | | |
| 2. PKD | | |  | | | | | | | | | | | | | | | | | | | 5. PKD | |  | | | | | | | | | |
| 3. PKD | | |  | | | | | | | | | | | | | | | | | | | 6. PKD | |  | | | | | | | | | |
| **LISTA BSP PRZEDSTAWIANYCH DO OGLĘDZIN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | | 4. |  | | | | | | | | | | 7. | |  | | | |
| 2. |  | | | | | | | | | | | | | | | | 5. |  | | | | | | | | | | 8. | |  | | | |
| 3. |  | | | | | | | | | | | | | | | | 6. |  | | | | | | | | | | 9. | |  | | | |
| **PRZEDSTAWICIEL BSP DO OGLĘDZIN W IMIENIU PODMIOTU WNIOSKUJĄCEGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko: | | | | | | |  | | | | | | | | | | | | | | | | | | Telefon: | | | |  | | | | |
| Imię i nazwisko: | | | | | | |  | | | | | | | | | | | | | | | | | | Telefon: | | | |  | | | | |
| **ZAŁĄCZNIKI DO WNIOSKU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lp. | DOKUMENTY OBOWIĄZKOWE | | | | | | | | | | | | | | | | | | | | | Lp. | DOKUMENTY ZALECANE | | | | | | | | | | |
| 1. | Kopia Instrukcji Operacyjnej podmiotu szkolącego | | | | | | | | | | | | | | | | | | | | | 1. | Kopia Instrukcji Obsługi/ Użytkowania BSP | | | | | | | | | | |
| 2. | Kopia dokumentów potwierdzających kwalifikację operatorów tj. świadectwo kwalifikacji | | | | | | | | | | | | | | | | | | | | | 2. | Kopia świadectwa ewidencji BSP | | | | | | | | | | |
| 3. | Kopia ubezpieczenia odpowiedzialności podmiotu | | | | | | | | | | | | | | | | | | | | | 3. | Kopia ubezpieczenia odpowiedzialności operatora | | | | | | | | | | |
| **DATA I PODPIS PRZEDSTAWICIELA PODMIOTU SZKOLĄCEGO (wnioskodawcy)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data** | | | | | | | | |  | | | | | | | | | | **Czytelny podpis** | | | | | |  | | | | | | | | |