

To the Director of LLC “National Attestation and Training Center”

L.M. Parkhomenko

(Surname, first name, patronymic)

(Country, region, city, town/village, district, street, building number)

(Mobile phone)

(E-mail address)

APPLICATION

I kindly request to be provided with the service of assignment/confirmation of the professional qualification of **Consulting Engineer (Construction)** _____ category (full professional qualification).

I am familiar with the Procedure for conducting the independent qualification assessment, as well as with the schedule and conditions.

PERSONAL INFORMATION:

1. Date of birth (day, month, year) _____
2. Place of birth _____
3. Education _____
4. Passport details: series _____ No. _____, issued by _____, date of issue _____
5. Taxpayer Identification Number (TIN) _____
6. Additionally, I inform that _____

I give my consent to the processing of my personal data.

« ___ » _____ 20__

Signature _____

RECEIPT OF DOCUMENTS

1. Application
2. Copy of the applicant’s document on complete general secondary education
3. Copy of diploma/certificate of professional qualification (if available)
4. Copy of passport (residence permit certificate, if applicable)
5. Copy of Taxpayer Identification Number (TIN)

Methodist _____