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(place and date)

P R E S I D E N T OF THE

NATIONAL ATOMIC ENERGY AGENCY

ul. Nowy Świat 6/12

00-400 Warsaw

APPLICATION FOR AUTHORIZATION OR CHANGE OF THE SCOPE OF AUTHORIZATION

1. **Purpose of the application** (for pos. 1 and 2 please indicate only one appropriate box and mark it with "X".)

Based on Article 66a of the Act of November 29, 2000 - Atomic Law (current Journal of Laws …………… ), I hereby request :

|  |  |  |
| --- | --- | --- |
| 1. | □ | authorization by the President of the National Atomic Energy Agency in the scope / topics specified below |
| 2. | □ | a change by the President of the National Atomic Energy Agency of the authorization granted to the scope specified below |

1. **Applicant’s data**

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Tax identification number\* |  |
|  | Address |  |
|  | Telephone / fax number |  |
|  | E- mail address |  |
|  | Person authorized to represent the entity ( name and surname ) |  |

\* If applicable - number in the Register of National Court; in the case of foreign entities, which are not registered in the National Court - information on the foreign register, in which a foreign entity is registered as a recipient and the number of an equivalent registry.

1. **The scope of authorization** (The scope should be clearly numbered in pos. 9)

|  |  |  |
| --- | --- | --- |
| 9. | …… | The full name of topic or topics from the list submitted by National Atomic Energy Agency:  ……………………………………………………………………………………………… |
|  | …… | Own proposal\*\* of scope or topic:  ………………………………………………………………………………………………  Expiration of the existing authorization in the scope of\*\*\*:  ……………………………………………………………………………………………… |

\* The list of topics preferred by the President of PAA is available on the website: [*here*](https://www.gov.pl/web/paa/) *is the link*

\*\* The applicant may propose his own scope or topics that have to be specifically formulated and directly related to nuclear power plants.

\*\*\* In case when the application refers to the change of scope of the authorization.

1. **Statement**

I hereby certify that the applicant:

1. Is not:
   1. a designer, manufacturer, supplier, installer or
   2. a representative of entities involved in the design, construction or operation of a nuclear power plant, or
   3. related by financial capital or organization to the entities referred to in points a) and b);
2. has at his disposal the necessary staff and appropriate equipment to enable proper performance of technical tasks related to the proposed scope of authorization;
3. has employees designated to perform activities related to the proposed scope of authorization and they have the necessary knowledge and experience in this area;
4. guarantees impartial assessment of items related to the proposed scope of the authorization.

|  |  |
| --- | --- |
| …………………………………………… | …………………………………………… |
| Place and date | Signature of the person authorized to represent the Applicant |

1. **Information about the annexes** (The number of attachments should be specified in pos. 10 – 11. For each application topic an independent list of competences listed in pos. 11 (template to download: address is here ) should be attached. Pos. 12 should include: a unique number of the Annex, the name of the document and in cases where the request is related to more than one topic of authorization - the information, which topic or topics is referred to in the attachment. If the attachment is transmitted digitally, the file name should be consistent with the specified in the application attachment number).

|  |  |  |  |
| --- | --- | --- | --- |
| 10. | …… | Document presenting authorization of the person representing the applicant (if applicable) | |
| 11. | …… | List of competences | |
| 12. | Other attachments, including documents attached to the list (or lists) of the Applicant's competences, confirming the fulfillment of the requirements referred to in art. 66a paragraph. 1 of the Act - Atomic Law:  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………… | | |
|  |  | |

|  |  |
| --- | --- |
|  | …………………………………………… |
|  | Signature of the person authorized to represent the Applicant |

**A properly completed and signed application with attachments should be submitted in person, via the ePUAP electronic inbox or sent by post to the President of PAA, ul. Nowy Świat 6/12, 00-400 Warszawa**