SI KREPTD - GITD

WNIOSEK O WYDANIE CERTYFIKATU DLA PODMIOTÓW, ŁĄCZĄCYCH SIĘ PRZEZ SIEĆ PUBLICZNĄ Z SYSTEMEM INFORMATYCZNYM KRAJOWEGO REJESTRU ELEKTRONICZNEGO PRZEDSIĘBIORCÓW TRANSPORTU DROGOWEGO

**Podmiot zobowiązany**: Główny Inspektor Transportu Drogowego

**Uwaga**: wniosek należy wypełniać drukowanymi literami, pozostawiając puste kratki pomiędzy poszczególnymi członami. Jeżeli nazwa nie mieści się w jednym rzędzie kratek, należy kontynuować w kolejnych rzędach, w miarę możliwości nie dzieląc przy tym wyrazów i innych członów nazwy.

**Uwaga: Certyfikaty są ważne przez okres 12 miesięcy od dnia wydania, po tym czasie w celu przedłużenia ważności należy wystąpić o odnowienie certyfikatu.**

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1. Data wypełnienia wniosku: (DD-MM-RRRR) :
2. Rodzaj wniosku *(wybrać właściwą opcję)*:

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|  | Wydanie nowego certyfikatu dla użytkownika aplikacji |  | Zawieszenie certyfikatu nr …………. | |
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|  | Wymiana certyfikatu |  | Uchylenie zawieszenia certyfikatu nr …………. | |
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|  | Odnowienie certyfikatu / recertyfikacja |  | Unieważnienie certyfikatu nr ………… | |

1. Pełna nazwa Usługobiorcy:

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w przypadku gdy Usługobiorcą jest osoba fizyczna proszę wskazać imię i nazwisko .

1. Adres do korespondencji (Usługobiorcy/Organu uprawnionego):  
   Ulica, nr:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Kod pocztowy, miejscowość:

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1. Numer telefonu:

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1. Identyfikator Usługobiorcy ­­(NIP):

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1. Dane osoby upoważnionej do reprezentowania Usługobiorcy:

Imię i Nazwisko:

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Ulica, nr:

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Kod pocztowy, miejscowość:

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1. Dane osoby upoważnionej do kontaktów w imieniu Usługobiorcy z Głównym Inspektoratem Transportu Drogowego w zakresie dostępu do danych publicznych znajdujących się w Krajowym Rejestrze Elektronicznym Przedsiębiorców Transportu Drogowego, dostarczenia zgłoszeń certyfikacyjnych, odbioru certyfikatów, unieważniania, zawieszania lub uchylania zawieszenia certyfikatów:

Imię i Nazwisko:

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Ulica, nr:

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Kod pocztowy, miejscowość:

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1. Proszę o wydanie certyfikatu klucza publicznego dla systemu zewnętrznego:

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|  |  | certyfikat klucza publicznego dla systemu zewnętrznego | | |
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1. Proszę o wydanie 1 szt. certyfikatu:
2. Nr IP, z którego będzie odbywać się połączenie:

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1. Cel ponownego wykorzystania informacji:

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|  | komercyjny |  | niekomercyjny | |
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| Rodzaj prowadzonej działalności, w której informacje będą wykorzystane:  ………………………………………………………………...  Uzasadnienie:  …………………………………………………………………  ………………………...….…dnia.……….…………. |  | ………………………………………………………. |
| miejscowość, data |  | pieczęć i czytelny podpis Usługobiorcy lub osoby  upoważnionej do reprezentowania Usługobiorcy |

Uwaga : Przekazanie informacji sektora publicznego nastąpi poprzez API .