1. Area code ¹⁾ 2. Date of receipt of the application 3. Number in the register 4. Professional driver's card number To be filled out by the authority	Street	, on	1.	REPLACEMENT OF DRIVER'S I apply for the replacement of t a) loss or destruction of the b) I submit the following attachme a) a photograph sized 3.5 x b) proof of payment of the f c) driver's qualification card e) other	he driver qualify document to the control of the co	ppropriate squance of a driver's	is illegible,(st ares with an "X"): s qualification card in th	ate other reason)
A. DATA								
1. PESEL No. / Date of birth ²⁾		Date of birth is to be entered only by persons who do not have a PESEL number						
2. Last name, part 1								Dhata
3. Last name, part 2			1				6)	Photo sized:
			`\					3.5 x 4.5cm
4. Name (names)] /					
5. Place of birth								
6. Address of residence	Postal code	7. Citizenship		(appl <mark>icant's own</mark> signature - do	not go beyond	the box frame)		
Town			ı `					
							(do not go beyo	and the inner box frame)
Street] <u>F</u> ,	METHOD OF TRANSMISSION	OF THE DOC	UMENT		
Duilding	T Suite as T T T	Talanhana)	1	cument (mark the appropriate so				
Building no	Suite no	Telephone ⁴⁾	1		ease send via a		provider	
E-mail ⁴⁾			- 7 ⊔	please send it through a courier	service provide	•		
				nfirmation of collection of the d	ocument referr	ed to in part C	or D of the application	
B. DOCUMENT ISSUED	\				Number of	Date of	Date of	5
I have been issued (mark the app	ropriate squares with an "X"):			tem Type of document	print	release	collection ³⁾ /return	Date of cancellation
☐ 1) driver's license cat	no	print no.	1	Driver's qualification card				
	issuing authority							
	/	print no		/signature of the sollo			/signature and stam	
				(signature of the colle	cting person)		(Signature and Stani	p of the issuing authority)
C. DRIVER'S QUALIFICATION				CLARATION he undersigned, declare that:				
1. I apply for (mark the appropria				(a) I am not a citizen of a Membe	er State of the E	uropean Union	and I intend to carry or	ut transport services for an
☐ a) issuance of a driver's qualifi	· · · · · · · · · · · · · · · · · · ·	/ C □ C+E □		tity established in the territory of		•	,	•
	ualification card D1 🗆 D1+E 🔲		to	complete the relevant qualificati	on			•
2. I submit the following attachments (mark the appropriate squares with an "X"):				\Box b) I work for an entity established in the territory of the Republic of Poland and performing road transport services				
□ a) a clear, up-to-date and colour photograph sized 3.5 × 4.5 cm,				- this applies to applying for the profile of a professional driver to complete a periodic training.				
□ b) a copy of medical certificate no								
a copy of psychological certificate no.								
□ d) proof of payment of the fee for the issuance of a driver's qualification card in the amount of PLN(Name, address and KRS or NIP no of the entity)								
e) a copy of the driver's license								
☐ f) a copy of the professional qu☐ g) driver's qualification card if☐ h) other	required,					(handwritten	signature of the person	making the statement)

F. Acknowledgement of receipt of the driver's qualification card

DRIVER'S Q	UALIFICATION CARD	
Category	Entry date	Validity
C1		
C1+E		
С		
C1+E		
D1		
D1+E		
D		
D+E		



EXPLANATIONS

- 1) Territorial code of the authority issuing the driver qualification card.
- ²⁾ Delete part of or the entire clause if it does not apply to the person.
- ³⁾ Enter a country identifier (for persons holding the Polish citizenship, enter "PL").
- 4) Non-mandatory / optional field.
- 5) Date of confirmation of the shipment receipt or collection receipt in person.
- ⁶⁾ If the application is submitted electronically, attach an electronic copy (scan) of the signature.