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| **PROSIMY O WYDRUK DWUSTRONNY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ORYGINAŁ/KOPIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Logo ULC.gif** | | | | | | | | | | | | **DEPARTAMENT**  **BEZZAŁOGOWYCH STATKÓW POWIETRZNYCH**  **URZĄD LOTNICTWA CYWILNEGO**  ul. M Flisa 2  02-247 Warszawa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **KOD KRESKOWY ULC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INFORMACJA DLA WYPEŁNIAJĄCYCH WNIOSEK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kandydat składa niniejszy wniosek wraz z wymaganymi dokumentami u egzaminatora, u którego zdaje egzamin. Egzaminator sprawdza dokumentację i jeżeli jest ona kompletna dopuszcza kandydata do egzaminu. Miejsca i terminy egzaminów umawiane są indywidualnie z egzaminatorami. Więcej informacji na temat egzaminów oraz dane kontaktowe egzaminatorów znajdują się na stronie ULC www.ulc.gov.pl/uav w zakładce „świadectwa kwalifikacji/egzaminy”.  Dokumenty, które należy złożyć u egzaminatora:   * Niniejszy wniosek [o](http://www.ulc.gov.pl/index.php?option=com_content&task=view&id=2049&Itemid=593) wydanie świadectwa kwalifikacji UAVO uzupełniony przez kandydata w części „A”, podmiot szkolący w części „B” i egzaminatora LKE   w części „C”.   * Kopia badań lotniczo-lekarskich; * Dowód wniesienia opłaty w wysokości 201 zł. W tytule proszę wpisać następującą informację: „*Imię i nazwisko*, *opłata za egzamin teoretyczny i praktyczny oraz wydanie świadectwa kwalifikacji UAVO”.*   Warunkiem dopuszczenia do egzaminu jest posiadanie przez kandydata polisy OC. Należy okazać ją egzaminatorowi przed egzaminem praktycznym.  Po egzaminach egzaminator składa dokumentację do ULC. Gotowe świadectwo można odebrać w siedzibie ULC w Warszawie. Świadectwo może również zostać przesłane przez ULC na wskazany adres korespondencyjny lub do jednej z delegatur i jednostek terenowych ULC. Delegatury, do których może zostać przesłane świadectwo kwalifikacji znajdują się w następujących miastach: Gdańsk, Poznań, Wrocław, Kraków, Bielsko-Biała, Rzeszów. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ A** | | | | | | **WYPEŁNIA KANDYDAT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wniosek o wydanie świadectwa kwalifikacji UAVO**  **z uprawnieniami w zakresie zgodnym z odbytym szkoleniem lotniczym.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DANE OSOBOWE (proszę wypełnić wielkimi literami)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imiona: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data urodzenia: | | | | | | | | |  | | | | | | | | | | | Miejsce urodzenia: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imiona rodziców: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obywatelstwo: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | PESEL: | | | | | | | | | | |  | |  | | | |  | | | |  | | |  | | |  | | | | |  | |  | | |  | |  | | |  |
| **ADRES ZAMELDOWANIA/ZAMIESZKANIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nr domu/mieszkania: | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Kod pocztowy: | | | | | | | | |  | | | | | |  | | **-** |  |  | |  | | | | | Poczta: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Państwo: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADRES KORESPONDENCYJNY (jeżeli jest inny niż powyżej)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DANE KONTAKTOWE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | E-mail: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MIEJSCE ODBIORU ŚWIADECTWA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| w siedzibie ULC | | | | | | | | | | | | | | wysyłka na adres korespondencyjny | | | | | | | | | | | | | | | | | | w delegaturze/jednostce terenowej ULC w:……………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INFORMACJA O POSIADANYCH LICENCJACH/ŚWIADECTWACH KWALIFIKACJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rodzaj dokumentu: | | | | | | | | | | | | |  | | | | | | | | | | | | | | Numer: | | | | | | |  | | | | | | | | | | | | | | | | | Państwo wydania: | | | | | | | | | | |  | | | | | | | | | | | | |
| **OŚWIADCZENIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Zgodnie z art. 96 ust. 1 i 1a w zw. z art. 94 ust. 3 zd.. 2 ustawy z dnia 3 lipca 2002 Prawo Lotnicze (Dz. U. z 2017 r. poz. 959.), oświadczam, że:  * korzystam w pełni z praw publicznych; * posiadam pełną zdolność do czynności prawnych; * prokurator nie zastosował wobec mnie środka zapobiegawczego polegającego na obowiązku powstrzymania się od prowadzenia wszelkiego rodzaju pojazdów mechanicznych lub od prowadzenia wszelkiego rodzaju pojazdów w ruchu powietrznym oraz prawomocnym wyrokiem sądowym nie orzeczono wobec mnie zakazu prowadzenia pojazdów mechanicznych.  1. Świadomy(a) odpowiedzialności karnej, z art. 272 Kodeksu karnego oświadczam, że powyższe dane są zgodne z prawdą. 2. Zgodnie z ustawą z dnia 29 sierpnia 1997 r o ochronie danych osobowych (Dz. U. z 2002 r. Nr 101, poz. 926, z późn. zm). wyrażam zgodę na przetwarzanie moich danych osobowych przez Urząd Lotnictwa Cywilnego. 3. Zostałem(am) poinformowany(a) o prawie wglądu do moich danych osobowych oraz możliwości ich poprawiania. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data:** | | | | | | | |  | | | | | | | | | | | | | | | | **Podpis kandydata:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Zaświadczenie o ukończeniu szkolenia lotniczego oraz o przystąpieniu do egzaminów państwowych** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ B** | | | | | **WYPEŁNIA PODMIOT SZKOLĄCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dane kandydata** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PESEL: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | |  | | | | |  | | | | | |  | | |  | | | | |  | | | | |  | |  | | |  | |
| **Szkolenie lotnicze** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nazwa i adres podmiotu szkolącego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nr rejestru | | | | | | | | | | | | | | | | | | | | | | |
| **Zaświadcza się, że kandydat odbył szkolenie lotnicze do uzyskania**  **świadectwa kwalifikacji UAVO z uprawnieniami:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VLOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **BVLOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **<5 kg** | | | | | | | | | | | | | | | | | | | | | | | | | **<25 kg** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **<150 kg** | | | | | | | | | | | | | | | | | | | | |
| **UAV** | | | | | | | | | | | | | | | | | | | | | | | | | **MR** | | | | | | **A** | | | | | | | | **H** | | | | | | | | **AS** | | | | | | | **MR** | | | | | | **A** | | | | | | | **H** | | | | | **AS** | | |
| Szkolenie przeprowadzono w okresie od: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | do: | | | | | | | |  | | | | | | | | | |
| Uwagi: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Stwierdzam, że kandydat spełnia wymagania przepisów w zakresie szkolenia lotniczego i może zostać dopuszczony do egzaminu państwowego. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Imienna pieczątka i podpis instruktora przeprowadzającego egzamin wewnętrzny** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Imienna pieczątka i podpis Kierownika Szkolenia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ C** | | | | **WYPEŁNIA EGZAMINATOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Egzamin teoretyczny** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer protokołu egzaminu teoretycznego: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stwierdzam, że egzamin teoretyczny w zakresie zgodnym ze szkoleniem odbytym przez kandydata, przeprowadzony został zgodnie z Rozporządzeniem Ministra Infrastruktury z dnia 18 lipca 2003 r. w sprawie egzaminów państwowych na licencje lub uprawnienia lotnicze (Dz. U. Nr 168, poz. 1637, z późn. zm.) oraz w zakresie określonym w załączniku nr 6 do rozporządzenia Ministra Transportu, Budownictwa i Gospodarki Morskiej z dnia 3 czerwca 2013 r. w sprawie świadectw kwalifikacji (Dz. U. poz. 664 z późn. zm.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wynik egzaminu:  (zakreślić właściwe) | | | | | | | | | | **ZALICZONY** | | | | | | | | | | | | **NIEZALICZONY** | | | | | | | | | | | | | | | | | | w dniu: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| UWAGI: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imienna pieczątka i podpis egzaminatora: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Egzamin praktyczny** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer protokołu egzaminu praktycznego: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stwierdzam, że egzamin praktyczny w zakresie zgodnym ze szkoleniem odbytym przez kandydata, przeprowadzony został zgodnie z Rozporządzeniem Ministra Infrastruktury z dnia 18 lipca 2003 r. w sprawie egzaminów państwowych na licencje lub uprawnienia lotnicze (Dz. U. Nr 168, poz. 1637, z późn. zm.) oraz w zakresie określonym w załączniku nr 6 do rozporządzenia Ministra Transportu, Budownictwa i Gospodarki Morskiej z dnia 3 czerwca 2013 r. w sprawie świadectw kwalifikacji (Dz. U. poz. 664 z późn. zm.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wynik egzaminu:  (zakreślić właściwe) | | | | | | | | | | | **ZALICZONY** | | | | | | | | | | | | **NIEZALICZONY** | | | | | | | | | | | | | | | | | w dniu: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| UWAGI: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imienna pieczątka ipodpis egzaminatora: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |