**Załącznik 3b.**

**uczestnik KKZ /osoba, która ukończyła KKZ**

**Deklaracja przystąpienia do egzaminu**

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| miejscowość, data | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

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| **Dane osobowe** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  |
| Nazwisko: |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | |  | | |
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| Imię (imiona): |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | |  | | |
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| Data i miejsce urodzenia: |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | |  | | |
|  | *d* | | *d* | | *m* | | *m* | | *r* | | *r* | | *r* | | *r* | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | |  | | |
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| Numer PESEL: |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | |  | | |
| *w przypadku braku numeru PESEL – seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |
| **Adres korespondencyjny***(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |
| miejscowość: | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | |  | |

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| ulica i numer domu: |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  |  |  | |  | |
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| kod pocztowy i poczta: |  | |  | | ***-*** | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  |  |  | |  | |
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| **nr telefonu z kierunkowym**: |  | |  | |  | |  | |  | |  | |  | |  | |  | | **mail**: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

** Jestem uczestnikiem** kwalifikacyjnego kursu zawodowego **\*/** **x ukończyłem/ukończyłam\*** kwalifikacyjny kurs zawodowy

*miesiąc i rok ukończenia kwalifikacyjnego kursu zawodowego: grudzień 2019 r.*

....................................................**Niepubliczna Szkoła Policealna PRYMUS**……....................................

...............................................................**ul. St. Leszczyńskiej 7, 32-600 Oświęcim**  ......................................................

*nazwa i adres organizatora kwalifikacyjnego kursu zawodowego*

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje w zawodzie**

**przeprowadzanego w terminie:**  *styczeń 2021 r.*

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|  |  | B | | . | 0 | | | 2 | |  | | | | Wykonywanie robót drogowych |
| *oznaczenie kwalifikacji zgodne z podstawą programową* | | | | | | | | | | | | |  | |
| *nazwa kwalifikacji* | |
|  | | | | | | | | | | | | | | |
| *8* | *3* | | *4* | | | *2* | *0* | | *1* | |  | Mechanik maszyn i urządzeń drogowych | | |
| *symbol cyfrowy zawodu* | | | | | | | | | | | | | *nazwa zawodu* | |

**po raz pierwszy\* /**  **x po raz kolejny\*do części   pisemnej\*,** **praktycznej\***

Wyrażam zgodę na przetwarzanie moich danych osobowych do celów związanych z egzaminem potwierdzającym kwalifikacje   
w zawodzie.

Do deklaracji dołączam:

**x** zaświadczenie o ukończeniu kwalifikacyjnego kursu zawodowego**\***

Zaświadczenie potwierdzające występowanie dysfunkcji wydane przez lekarza \*

Zaświadczenie o stanie zdrowia wydane przez lekarza\*

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| \**właściwe zaznaczyć* | ........................................................  *czytelny podpis* |

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| Potwierdzam przyjęcie deklaracji  ………………………………………………….  Pieczęć szkoły/placówki/podmiotu prowadzącego kkz/oke | ....................................................................  *data, czytelny podpis osoby przyjmującej* |