Директору ГПОУ «Коми республиканский

агропромышленный техникум» Савиновой С.С.

**З А Я В Л Е Н И Е**

*Прошу принять меня на обучение по программе подготовки, переподготовки, повышения квалификации по профессии*:

***«Машинист экскаватора одноковшового категории «\_\_», «\_\_», «\_\_».***

Группа №\_\_\_\_\_

(для учащихся техникума)

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| ***Фамилия*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ***Имя*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ***Отчество*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ***Дата рождения*** |  |  | . |  |  | . |  |  |  |  | г. |  |  |  |  |  |  |

***Место рождения*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Документ удостоверяющий *личность* ***Паспорт*** *Серия* \_\_\_\_\_\_\_\_\_ *Номер* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Кем выдан*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Когда выдан* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Домашний адрес*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(по прописке)*

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| ***Образование*** | высшее |  | сред. спец. |  | *нач. проф.* |  | *\_\_\_ полное среднее* |  |

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| ***Водительское удостоверение***  Серия\_\_\_\_\_\_\_\_\_\_ № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Выдан кем\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Дата выдачи\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Имеющиеся категории\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Удостоверение тракториста-машиниста***  КОД\_\_\_\_\_\_\_Серия\_\_\_\_\_\_ № \_\_\_\_\_\_\_\_\_\_\_  Выдан кем\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Дата выдачи\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Имеющиеся категории\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Место работы, должность \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Контактные телефоны \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

С условиями обучения ознакомлен и согласен.

Дата подачи заявления \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Личная подпись заявителя\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Согласен на обработку своих персональных данных в порядке, установленном Федеральным законом от 27 июля 2006г. № 152-ФЗ ***«О персональных данных»*** (Собрание законодательства Российской Федерации, 2006,№31, ст.3451)

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(подпись заявителя)