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| C:\Users\Eduardo\Desktop\FCL HSK 202301\ÉKM_logo_csak címer.jpgMinistry ofConstruction and Transport | **APPLICATION FORM FOR FSTDQUALIFICATIONPART B**In accordance with Annex VII (Part-ORA) ofRegulation (EU) 1178/2011 |
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|  | **FSTD operation organisation’s data (applicant)** |
|  | Registered name: |
| Commercial name (if different): |
|  | Registered address: |
| ZIP code: | City: |
| Street: | Number: |
|  | Postal address: |
| Post code: | City: |
| Street: | Number: |
|  | Telephone:  | E-mail: |
| Fax:  | Web:  |
|  | **QTG** |
| We have completed tests of the FSTD and declare that it meets all applicable requirements except as noted below: |
| The following QTG tests still have to be provided: |
| Test | Comment |
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|  | **Declaration of applicant** |
| According to the previously presented application for FSTD Qualification, Part-A, Regulation 1178/2011/EU Annex VII ORA.FSTD.200, i am attaching result of QTG test except the previously specified ones.I ensure that i will present the missing objective tests of QTG until the requested date, but at least 3 weeks in advance of the requested date of qualification, unless otherwise agreed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |
|  | **Remark to authority** |
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**Completion instructions**

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| 1.3 | Postal address is only required if it differs from the place of business. |
| 3. | Must be signed by the accountable manager. |