|  |  |
| --- | --- |
|  | **WNIOSEK O UDZIELENIE LICENCJI NA WYKONYWANIE KRAJOWEGO TRANSPORTU DROGOWEGO W ZAKRESIE PRZEWOZU OSÓB** |
|

**WYKAZ POJAZDÓW SAMOCHODOWYCH**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Lp.** | **Marka, typ, rodzaj/przeznaczenie  pojazdu** |  | **Nr**  **rejestracyjny** | **Nr VIN** | **Rodzaj tytułu prawnego do dysponowania pojazdem** | **Liczba**  **miejsc** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Bogdaniec, dnia ……………………….. .

……………………………………

*(podpis przedsiębiorcy)*