

REGISTRATION QUESTIONNAIRE FOR AN APPLICANT FOR A RESTORATION PERMIT

Surname, name, title:.....
 Date and place of birth:.....
 Personal identification number: Photograph
 Permanent residence
 Telephone:
 Place of temporary residence:
 Telephone:
 Studio address:
 Telephone:.....

Education and qualifications for the restoration profession

| | Name and address of the school | Specialization | Year of completion | Type of exam |
|--------------------------------|--------------------------------|----------------|--------------------|--------------|
| Vocational | | | | |
| Full vocational | | | | |
| Higher vocational | | | | |
| University | | | | |
| Postgraduate | | | | |
| Courses, training, internships | | | | |

Length of professional experience comparable to restoration work:

.....

Professional cooperation with institutions or individual experts in the area of restoration:

.....

Theoretical activities (lectures, publications, restoration exhibitions) related to the restoration specialization:

.....

Additional information that you consider important for the granting of a permit may be written on a separate sheet of paper.

I hereby declare that the information stated in this questionnaire and in the enclosed Chronological Record of the Completed Restoration Work is true and that I have personally drawn up the documentation submitted together with the application for a restoration permit on the basis of my own, independently performed restoration work.

.....
 Date

.....
 Signature