Pieteikums augu pases izgatavošanai

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reģistrētās personas nosaukums vai vārds, uzvārds: | | |  | **Augu pasi vēlos saņemt:** (atzīmēt nepieciešamo) | | |
|  | VAAD departamentā\* ; reģionālajā nodaļā, saskaņots ar inspektoru | | |
|  | |  |  |  |  | |
| Reģ. Nr. Profesionālo operatoru oficiālajā reģistrā: | |  | pa pastu  adrese un pasta indekss: |  | |
|  |  | |
| Pārbaudes akta, uz kuru pamatojoties atļauts lietot augu pasi, | | |  |  | | |
| numurs un datums: |  | |  | Par pakalpojumu ir samaksāts un | | |
| Kontaktpersonas vārds, uzvārds un tālruņa numurs: | | |  | maksājuma kopija iesniegta VAAD  vai | | |
|  | | |  | VAAD rēķina–pavadzīmes Nr. | |  |

**Lūdzu izsniegt augu pasi ar šādu informāciju:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nr.  p.k. | **Botāniskais nosaukums** | | | **Reģistrētas šķirnes**  **nosaukums**  (nepieciešamības gadījumā) | | | **Daudzums vienā iepakojuma vienībā** \*\* | **Iepakojuma vienību skaits partijā**  \*\*\* | Augu pases **forma** (atzīmēt vajadzīgo) | | | Piešķirtais  **partijas numurs**  (aizpilda VAAD) |
| Apliekama | | Uzlīme |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
|  |  | | |  | | |  |  |  | |  |  |
| Pieteikums uz | |  | lpp. |  | Datums: | \_\_\_\_\_\_\_\_\_\_\_\_ Paraksts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Pieteikums augu pases izgatavošanai** *turpinājums*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nr.  p.k. | **Botāniskais nosaukums** | | | **Reģistrētas šķirnes**  **nosaukums**  (nepieciešamības gadījumā) | | | **Daudzums vienā iepakojuma vienībā** \*\* | **Iepakojuma vienību skaits partijā**  \*\*\* | Augu pases **forma** (atzīmēt vajadzīgo) | | Piešķirtais  **partijas numurs**  (aizpilda VAAD) | |
| Apliekama | Uzlīme |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
|  |  | | |  | | |  |  |  |  |  | |
| Pieteikums uz | |  | lpp. |  | Datums: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paraksts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |