##### **Anexa nr. 5**

#### CERERE DE AUTORIZARE

**A. Date de identificare a furnizorului de formare :**

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| **Denumirea furnizorului de formare:**

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Forma de organizare sau statutul juridic

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| **Sediul furnizorului de formare:** |
| Strada:

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 | Nr.

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| --- | --- |
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 | Bl.

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| --- |
|  |

 | Sc.

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|  |

 | Apt.

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| Localitatea:

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|  |

 |  Cod poştal:

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| Judeţ / Sector:

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| --- |
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 | Telefon :

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  | Fax:

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| E-mail:

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 | Pagina de Internet:

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| Cod fiscal:

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 | Cod unic de înregistrare :

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| **Reprezentantul legal al furnizorului de formare:** |
| Nume:

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|  |

 | Prenume:

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| CNP Funcţia:

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**B. Programul de formare pentru care furnizorul de formare solicită autorizarea:**

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| Denumirea programului de formare1):

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 |
| Tipul programului de formare2)

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 | Cod N.C./COR :

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Anexez dosarul de autorizare şi declar pe proprie răspundere că toate copiile depuse la dosar sunt conforme cu originalul.

***Semnătura***

***LS***

1) Se completează, după caz, denumirea calificării/ocupaţiei sau „grupări de competenţe”

2) Se completează, după caz, cu: iniţiere, calificare, recalificare, perfecţionare, specializare