**Application**

**for Entering into a Contract for the Use of the International Freight Logistics and Port Information System (SKLOIS)**

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| User type: |
|  | local competent authority: |
|  |  | port authority |  | National Armed Forces | State Environmental Service |
|  |  | State Border Guard |  | State Revenue Service |
|  |  | Food and Veterinary Service | Health Inspectorate |
|  |  | Centre for Disease Prevention and Control | State Police | State Security Service |
|  |  | Transport Accident and Incident Investigation Bureau |
|  |  | Central Statistical Bureau |
|  |  |
|  | authorised user of the system: |
|  |  | owner, possessor of a ship or a person authorised thereby, agent of a ship |
|  |  | owner, possessor of a cargo or a person authorised thereby, agent of a cargo |
|  |  | economic operator which provides one or several of the following port services: |
|  |  |  | bunkering |
|  |  |  | cargo-handling (stevedoring services) |
|  |  |  | mooring |
|  |  |  | passenger services |
|  |  |  | collection of ship’s waste |
|  |  |  | towage |

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|  | Port(s) where the port service(s) is (are) provided | *Name(s) of port(s)* |
|  | Port terminal(s) where the port service(s) is (are) provided | *Name(s) and address(es) of port terminal(s) or an indication “the whole territory of the port”* |

|  |  |
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| Name | *Name of the local competent authority or authorised user* |
| Registration number | *Registration number of the local competent authority or authorised user* |
| Legal address | *Legal address of the local competent authority or authorised user* |
| Data is planned to be exchanged, using online electronic data processing forms | *Yes or no* |
| Data is planned to be exchanged, using web services (data exchange in XML format) | *Yes or no* |
| Contact person for the issues related to the entry into contract | *Given name, surname, telephone number, and e-mail address of the contact person* |
| Other information  |  |

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| The person of the local competent authority or authorised user with the right of signature |  |
|  | (p(position, given name, surname, and signature) |
|  |  |
| (place) |  |
|  |  |
| (date) |  |