



**REGISTRATION FORM**  
**Aptitude test under A, B, C, D programmes**

**Personal data (complete using capital letters)**

Surname and name	
Date and place of birth	
Address	
Phone/e-mail	
Name and address of completed education institution	

**Type of programme and selected dates (mark as appropriate or enter selected dates)**

- Aptitude test – 1<sup>st</sup> time
- Aptitude test – Licence renewal

Programme	A1	A2	B	C	D
Date					

**Training organizer/provider:** \_\_\_\_\_

**Method of payment (tick as appropriate)**

- I will pay the aptitude test costs.
- The aptitude test costs will be paid by company (complete with details for invoicing):

Name and address of company		
Registration number	ID number	Taxable entity (tick as appropriate) yes          no

**Enclosures (mark as appropriate)**

1. Identity card photo (only if not existing or requiring a new one)
2. Medical examination certificate
3. Certificate of payment (must be provided before the test)
4. Certificate of education level (only if registering for the exam)\*
5. Certificate of first aid qualification\*

Enclosures 3 and 4 can be submitted personally or from the official records of administration bodies. In the latter case, the registration form must be sent at least 40 days before the selected date.

I, the undersigned, hereby agree to the use of my personal data for water rescue personnel records generated and managed by the ministry competent for protection against natural and other disasters in accordance with the Protection against drowning act (Official Gazette of the Republic of Slovenia, Nos. 42/07 and 9/11) and Personal data protection act (Official Gazette of the Republic of Slovenia, No. 94/07).

**Date:**

**Signature:**