**Ķekavas novada pašvaldības**

**Interešu izglītības un pieaugušo**

**neformālās izglītības programmu**

**licencēšanas komisijai**

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(fiziskās personas vārds, uzvārds)

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(personas kods)

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(deklarētās dzīvesvietas adrese)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(kontaktpersona)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(tālruņa Nr.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e-pasta adrese)

IESNIEGUMS

**Lūdzu izsniegt licenci**  **/pagarināt licences termiņu** 

* interešu izglītības programmai (programmām)
* pieaugušo neformālās izglītības programmai (programmām)

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(programmas nosaukums)

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(programmas nosaukums)

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(programmas nosaukums)

Programmas/u īstenošanas vietas adrese: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pielikumā:

Sniegto ziņu patiesumu apliecinu ar parakstu

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (datums) (paraksts) (paraksta atšifrējums)