**Annex No 6   
Template of an application for the allocation of capacity to shunting, parking railway vehicles**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for the allocation of capacity to shunting, parking railway vehicles | | | | | | | |  |
| **Application no:** | | **Received by "EUROTERMINAL SLAVKOV" SP. z o. o.** | | | | **Date:...............................**  **Time:.......................** | | |
| **…….…../…………./……….**  N*o/month/year* | **Acknowledgement of receipt of an application by a "EUROTERMINAL SŁAWKÓW" SP. z o. o. employee** | | | | | **.........................................................**  ***Company stamp and signature*** | | |
| **„EUROTERMINAL SŁAWKÓW” Sp. z o. o.**  **Dispatching Office**  **41-260 Sławków, ul Groniec 1**  **Tel. 32 714 24 64**  **Fax: 32 714 24 04**  **email:**   [**dyspozytor@euterminal.pl**](mailto:dyspozytor@euterminal.pl) | | | **Applicant:** | | | | | |
| **Name:** | |  | | | |
| **Address:** | |  | | | |
| **Phone:** | |  | | | |
| **Fax:** | |  | | | |
| **e-mail:** | |  | | | |
| **Service description:** | | | **Data:** | | | | | |
| **SHUNTING WORK** | | | | | | | | |
| The aim of shunting, | | |  | | | | | |
| Place of shunting performance - determination of service infrastructure facility or sidings adjacent to Administrator’s infrastructure | | |  | | | | | |
| Type of maneuvering vehicles. | | |  | | | | | |
| SENDER/ RECEIVER | | |  | | | | | |
| Gross mass of train/railway vehicles, | | |  | | | | | |
| Deadline for maneuvers | | |  | | | | | |
| Number of wagons; | | |  | | | | | |
| It runs on days of the week | | |  | | | | | |
| Other | | |  | | | | | |
| **STABLING OF RAILWAY VEHICLES** | | | | | | | | |
| Location of railway vehicles parking spot, | | |  | | | | | |
| The maximum length of railway vehicles, | | |  | | | | | |
| Parking time for railway vehicles; | | |  | | | | | |
| Date of stop | | |  | | | | | |
| Reason/ cause for stabling wagons | | |  | | | | | |
| **Signature of the Applicant’s representative submitting the application** | | | **................................................................**  ***Company stamp and signature*** | | | | Date  ................................................................ | |
| **Contact details to Applicant’s employee** | | | | | | | | |
| **First name and last name** | | |  | | | | | |
| **Phone:** | | |  | | | | | |
| **Fax:** | | |  | | | | | |
| **e-mail:** | | |  | | | | | |
| **„EUROTERMINAL SŁAWKÓW” Sp. z o. o. information** | | | | | | | | |
| **Application adopted for the implementation** | | | | **Application rejected** | | | | |
| **Information about the allocated capacity** | | | | **The reason for the rejection of the application** | | | | |
|  | | | |  | | | | |
| **Date:.................. time: ....................** | | | | **Date:.................. time: ....................** | | | | |
| **Signature of employee** | | | | **Signature of employee** | | | | |
| **................................................................**  ***Company stamp and signature*** | | | | **................................................................**  ***Company stamp and signature*** | | | | |
| **The RESIGNATION of the allocated capacity** | | | | | | | | |
| **Date of resignation**  **....................... time .......................** | | | | **Date of receipt of resignation**  **....................... time .......................** | | | | |
| **Signature of Applicant’s employee** | | | | **Signature of Administrator’s employee** | | | | |
| **................................................................**  ***Company stamp and signature*** | | | | **................................................................**  ***Company stamp and signature*** | | | | |