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

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| --- | --- |
| 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** | **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*** |