**Ž Á D O S T**

O PŘIDĚLENÍ IK PRO SAMOSTATNÝ VSTUP DO JZ EDU – **OSTATNÍ**

**Vyplní zaměstnavatel žadatele:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Titul | Příjmení žadatele | Jméno žadatele | | | | | Pohlaví (M/Ž) |
|  |  |  | | | | |  |
| Státní příslušnost: |  | Číslo OP/CP | |  | | RČ: |  |
| Bydliště: | Ulice/číslo: |  | | | | | |
| PSČ/místo: |  | | | | | |
| Země: |  | | | | | |
| Název firmy zaměstnavatele: |  | | IČO: | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | |
| Příjmení (čitelně) a  podpis zástupce zaměstnavatele: |  | Otisk razítka zaměstnavatele: | | |  | | |

**Vyplní objednavatel výkonu – GARANT pro FO (zaměstnanec ČEZ, a. s.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Titul | Příjmení | | | | | | Jméno | |
|  |  | | | | | |  | |
| č. IK |  | | Útvar: | |  | | Funkce: |  |
| Pracovní prostor výkonu činnosti zaměstnance dodavatele: | | |  | | | | | |
| IK přidělit na dobu: | | Od: | | | | Do: | | |
| Datum: | |  | | Podpis: | |  | | |

**Vyplní – ověří Výdejna identifikačních karet EDU**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ověření způsobilosti pro výdej IK | Příjmení, jméno | Podpis | Datum | Platnost do |
| Ověření psychologického vyšetření – VIK |  |  |  |  |
| Ověření výpisu z RT - VIK |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Stupeň oprávnění AKS | Stupeň oprávnění DVU | Stupeň oprávnění SVP/MSVP | Stupeň oprávnění FO |
|  |  |  |  |

**Schvaluje útvar FO EDU**

|  |  |  |  |
| --- | --- | --- | --- |
| Příjmení a jméno | Razítko | Datum | Podpis |
|  |  |  |  |

**Vyplní – ověří útvar Příprava JE ČEZ, a. s.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Příjmení, jméno | Podpis | Datum | Platnost do |
| Ověření vstupního školení - Příprava JE |  |  |  |  |

|  |  |
| --- | --- |
| **IK převzal – podpis:** |  |

**Záznamy pracoviště VIK:**

|  |  |  |
| --- | --- | --- |
| Vydaná IK č. | Datum | IK vydal a žádost založil |
|  |  |  |

**APPLICATION**

FOR IC FOR INDEPENDENT ENTRY INTO EDU NUCLEAR INSTALLATION – **OTHERS**

**To be filled in by applicant’s employer:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Academic title | Applicant's surname | | | | Applicant's name | | | | | Weight kg | Gender M/F |
|  |  | | | |  | | | | |  |  |
| Citizenship: |  | | | IC/passport ID: | |  | | | | Pers. ID No: |  |
| Address: | Street/No.: | | | / | | | | | | | |
| ZIP code/  municipality: | | | / | | | | | | | |
| Country: | | |  | | | | | | | |
| Employee’s company name: | | |  | | | | CR No.: | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | |
| Name and Signature of the representative of the employer: | |  | | | | | Stamp of employer: |  | | | |

**To be filled in by service ordering client – supplier’s guarantor for PP (employee of ČEZ, a. s.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Academic title | Surname | | Name | | |  |
|  |  | |  | | |  |
| IC No. |  | Department: |  | | Position: |  |
| Workplace where the activity will be performed: | |  | | | | |
| Assign the IC having validity: | | From: | | | To: | |
| Date: | |  | | Signature: |  | |

**To be filled in - checked by responsible persons from ČEZ, a. s., departments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Verification of qualification for IC issuance | Surname and name of the verifier | Verifier’s signature | Verification date | Valid until |
| Verification of psychological examination – Phys. protection EDU (distribution point IC) |  |  |  |  |
| Verification of criminal record – Physical protection EDU (distribution point IC) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Automated checkpoint authority level | Door catch authority level | Spent fuel store/spent fuel intermed. storea authority level |
|  |  |  |

**To be approved by EDU physical security dept.**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname and name | Stamp | Date | Signature |
|  |  |  |  |

**Approved by JE ČEZ training department**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Surname and name | signature | date | Valid until |
| Introductory training - Training Dept. |  |  |  |  |

|  |  |
| --- | --- |
| **IC received by – signature:** |  |

**Cards delivery office records:**

|  |  |  |
| --- | --- | --- |
| Issued IC No. | Date | IC issued and application archived by |
|  |  |  |