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**APPLICATION FOR ISSUING OF**

**THE RECOGNITION DECISION/VALIDATION OPINION DUPLICATE**

I request from the Agency for Vocational Education and Training and Adult Education to issue the duplicate of decision on recognition/opinion on validation of foreign educational qualification acquired in the completed secondary education vocational/post-secondary non-tertiary program.

**INFORMATION ABOUT APPLICANT**

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| First and last name (and birth name) |       |
| Personal identification number |  |
| Place of residence *(street and house number, ZIP code and city, country)* |       |
| E-mail |       |
| Telephone |       |
| Cell phone |       |

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| Title of educational qualification that was recognized/validated by the Agency |       |

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| Please deliver the recognition decision/validation opinion duplicate to the following address *(choose only one option)* | [ ]  applicant's address (place of residence) |
| [ ]  other address (fill out):First and last name:      Address:      *(street and house number, ZIP code and city, country)* |

**NOTE: a copy of the ID card must be attached to the application form**

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| In       |  |      2025. |  |  |
| (city) |  | (date) |  | (applicant's signature or signature of the legal representative) |