**Formular aplicare Cod EIC tip W**

*Selectați opțiunea dorită:*

 înregistrarea unui nou cod EIC ( tip W)

 modificare unui cod EIC existent (tip W)

 dezactivarea unui cod EIC existent (tip W)

*\* Obligatoriu*

 **Codul EIC Existent (Tip X)*\****

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**Codul EIC Parent (tip W)**

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 *Codul EIC de tip părinte, permite biroului de emitere coduri EIC definirea ierarhiei unităților. Codul EIC de tip părinte definește relația dintre două Coduri EIC de același tip (ex: câmpul cu punctele sale de producție, o zonă cu o subzonă, o sucursală cu filiala sa). Se completează numai în cazul în care cererea se referă la un cod de tip " copil “.*

**Codul EIC existent (tip W)**

*Se va completa numai în cazul în care se dorește modificarea sau dezactivarea unui cod existent*

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**Numele obiectului solicitat** *\**

*Max 70 caractere. Se acceptă caractere alfanumerice, spațiu și semnul minus .*

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**Display name** \*

*Max 16 caractere alfanumerice. Se acceptă completarea numai cu majuscule, cifre de la 0-9 și semnul minus.*

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**Motivația cererii \***

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**Modul de utilizare al codului: \***

**Național: DA Internațional: DA**

 **NU**  **NU**

**Adresa obiectului solicitat**

**Strada\***   **Număr\***

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**Oraș\***  **Cod Poștal\***

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**Țara\***

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**Persoana de contact \***

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**Telefon \* Fax \***

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**E-mail\***

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**Tipul punctului**\*

*Selectați opțiunea corespunzătoare:*

Unitate de Înmagazinare Gaze (Gas Storage Facility)

Unitate de Producție (Production Unit)

Obiect Resursă (Resource Object)

 Prin transmiterea acestui formular, declar pe propria răspundere că am luat la cunoștință și sunt întru totul de acord cu prevederile *Manualului de Referință privind schema de codificare pentru identificare în domeniul Energiei (EIC)*.

Participanții la piața de gaze care solicită sau au solicitat un cod EIC sunt obligați să anunțe Biroul Local de Emitere Coduri EIC (*S.N.T.G.N. Transgaz S.A Mediaș*), cu privire la orice modificare sau dezactivare a unui cod EIC existent.

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| ........................................................ | ........................................................ |
| Numele persoanei autorizate care aplică pentru un cod EIC | Semnătura și ștampila persoanei autorizate care aplică pentru un cod EIC |
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Data*\**:

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| ***Se va completa de către Biroul local de alocare Coduri EIC*** |
| Codul EIC alocat |  |
| Alocat de |  | Data |  |
| Semnătura |  |