To the State Joint-Stock Company “Elektroniskie sakari”

Address: 5 Eksporta Street, Riga, LV-1010, Latvia; e-mail: [vases@vases.lv](mailto:vases@vases.lv)

name of legal entity/ name, surname of natural person

legal entity registration No./ natural person’s personal identity number

legal address of a legal entity/declared address of a natural person

(phone, e-mail)

**APPLICATION**

Please **issue the following licence(s) for a further period** by extending the conditions of use of the following **ship** station licence(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Information to be provided** |  | | |
| Licence number |  | | |
| Additional information on the licence  *(ship name, call sign)* |  | | |
| Preferred expiry date *(tick the appropriate one)* | 1. For as long as possible. | |  |
| 2. By a specific date (specify the date): |  |  |
| Comments  (if necessary, please provide any other information you consider relevant*)* |  | | |
| I have been informed that a request for an extension of the conditions of use may only be submitted by the addressee of the licence or by an authorised representative on behalf of the addressee of the licence. | | | |
| I have been informed that an application for extension of the conditions of use must be submitted at least 30 days in advance, otherwise the submitted application for use of the licence/-s may be treated as a new request, subject to a relevant fee. | | | |
| I certify that there has been no change in the composition of the radio station(s). | | | |

**Type of receipt of licence** In accordance with the Law On Notification, please choose **one** of the methods of receipt and provide the additional information requested:

|  |  |  |
| --- | --- | --- |
| **In the form of an electronic document.** | | |
| 1. | By email or official e-address (if you want to receive by e-mail**, specify e-mail address):** |  |
| **In printed document form** | | |
| 2. | By post to **(specify address):** |  |
| 3. | By using both e-mail and postal services  Send a scanned copy to **(specify e-mail address):**  Send the original by post to **(specify address**): |  |
| 4. | In person at the office of the SJSC "Elektroniskie sakari” (5 Eksporta Street, Riga) or via a messenger paid for by the client\*. **Please provide a telephone number for communication:** |  |

\*The licence will be sent to the client's legal address/declared address of residence, if the client/ or the client's representative fails to appear at the office of the SJSC "Elektroniskie sakari” within three business days to receive the prepared document.

|  |  |
| --- | --- |
|  |  |
| (place, date) |  |
|  | |
| (Position, name, surname and signature of the signatory or authorised[[1]](#footnote-1) person[[2]](#footnote-2)) | |

1. *The application must be signed by the legal representative of the legal entity or his/her authorised representative. If the application is signed by an authorised person, the application must be accompanied by a duly executed original of the Power of Attorney or a certified copy thereof.* [↑](#footnote-ref-1)
2. *The document requisite "signature" shall not be completed if the electronic document has been prepared in accordance with the laws and regulations on the execution of electronic documents.* [↑](#footnote-ref-2)