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| ЦВЕТНОЕ ФОТО | Приложение № 2  к приказу МВД России  от 14.08.2017 № 635 |
| (30 Х 40 мм) | **ЗАЯВЛЕНИЕ** |

**О ПЕРЕОФОРМЛЕНИИ ПАТЕНТА**

(наименование территориального органа МВД России)

Прошу переоформить патент для осуществления трудовой деятельности

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| Фамилия: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество:  (при наличии) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Сведения об изменении Ф.И.О.:  (с указанием причины и даты изменения) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Гражданство (подданство):  (или государство постоянного |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(преимущественного) проживания)

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| Место рождения: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(государство, населенный пункт)

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| Дата рождения: |  |  |  |  |  |  |  |  |  |  | Пол: |  | М |  | Ж |
|  | (число) | | (месяц) | | | | (год) | | | |  |  |  |  |  |

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| Адрес постоянного проживания |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Документ, удостоверяющий личность:  (вид) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| серия |  |  |  |  |  |  |  |  | № |  |  |  |  |  |  |  |  |  |  |  | дата выдачи |  |  |  |  |  |  |  |  |  |  |
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| кем выдан: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Номер миграционной карты: |  |  |  |  |  |  |  |  |  |  |  |  |  | Дата выдачи | |  |  |  | |  |  |  |  |  |  |  |
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| Адрес постановки на учет по месту пребывания: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Срок постановки на учет по месту пребывания: | с |  |  |  | |  |  |  |  |  |  |  | по |  |  |  | |  |  |  |  |  |  |  |
|  | (число) | | | | (месяц) | | | | (год) | | | | (число) | | | | (месяц) | | | | (год) | | | |

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| ИНН: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | дата выдачи |  |  |  | |  |  |  |  | |  |  |  |
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| Документ, подтверждающий владение русским языком, знание истории России и |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

основ законодательства Российской Федерации: (вид)

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| серия |  |  |  |  |  |  |  |  | № |  |  |  |  |  |  |  |  |  |  |  | дата выдачи |  |  |  |  |  |  |  |  |  |  |
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Сведения о ранее выданном патенте:

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| Патент выдан: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(наименование территориального органа МВД России, выдавшего патент)

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| Срок действия: | с | |  |  |  | |  |  |  |  |  |  |  | по | |  |  |  | |  |  |  |  |  |  |  |
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| Патент: серия |  |  |  |  |  |  | № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Бланк патента: серия |  |  |  |  |  |  | № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Трудовая деятельность планируется у: | (нужное отметить | х | или | v | ): |

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|  | юридического лица или индивидуального предпринимателя (абзац первый пункта 1 статьи 13.3 Федерального закона от 25 июля 2002 г. № 115-ФЗ “О правовом положении иностранных граждан в Российской Федерации”) |

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|  | физического лица – гражданина Российской Федерации (абзац второй пункта 1 статьи 13.3 Федерального закона от 25 июля 2002 г. № 115-ФЗ “О правовом положении иностранных граждан в Российской Федерации”) |

Профессия (специальность, должность, вид трудовой деятельности), по которой планируется

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| осуществление трудовой деятельности: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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Предполагаемый срок осуществления трудовой деятельности в Российской Федерации:

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| до |  |  |  |  |  |  |  |  |  |  |
|  | (число) | | (месяц) | | | | (год) | | | |

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| Контактный телефон: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Заявление подается: | (нужное отметить | х | или | v | ): |

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|  | лично |  | через уполномоченную субъектом Российской Федерации организацию |

Мне разъяснено, что указание в заявлении неправильных (ложных) сведений может повлечь за собой отказ в переоформлении патента.

Подтверждаю достоверность указанных мною в заявлении сведений.

С обработкой, передачей и хранением моих персональных данных, необходимых для переоформления патента, согласен.

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| (подпись заявителя) |  | (дата) |

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| Дата приема документов: | |  |  |  | |  |  |  |  |  |  |  | регистр. №: |  |
|  | (число) | | | | (месяц) | | | | (год) | | | |  |  |

Документы принял:

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| (должность, фамилия, имя, отчество должностного лица, принявшего документы) |  | (подпись) |

Решение о переоформлении патента принял:

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|  |  |  |  |  |
| (должность, фамилия, имя, отчество должностного лица, принявшего решение о переоформлении патента) |  | (подпись) |  | (дата) |