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|  | | **Certificat de report de la séance de mise à niveau pour cause de privation de liberté** | | | | | | | | | | | | | | | | | | | | | | | | | | | MOW-05-210603 | | | |
|  | | ///////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Département de la Mobilité et des Travaux publics  **Politique de mobilité appliquée**  www.vlaanderen.be/terugkommoment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **A compléter par le participant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Données personnelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | prénom et nom | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | numéro de registre national | | | | | |  | | | |  |  |  |  |  | | | | | | | | | | | | | | | | |
|  | | numéro de téléphone | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | adresse e-mail | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Données relatives à la séance de mise à niveau | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Je n’ai pas pris rendez-vous pour la séance de mise à niveau. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | J’ai pris rendez-vous pour la séance de mise à niveau le:  **Auprès de l’organisme suivant:** | | | | | | | | | | | | | | | jour | |  | | mois | |  | année | |  | | |  | | |
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|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Je déclare ne pas pouvoir assister à la séance de mise à niveau pour cause de privation de liberté et demander un report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | date | | | | | | jour | |  | | | mois | |  | année |  | | | |  | | | | | | | | | | | |
|  | | signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **À remplir par l’organisme** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Données de l’établissement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | nom | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | prénom et nom du directeur | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | rue et numéro | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | code postal et localité | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | adresse e-mail | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date de début et de fin de la période endéans laquelle le participant se trouve dans l’incapacité d’assister à la séance de mise à niveau pour cause de privation de liberté | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | de | | | jour |  | mois |  | | année | |  | | | au | | | | | jour | |  | | mois | | |  | | année | | |  |  | |
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|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Je soussigné, en ma qualité de directeur de l’établissement, déclare que le participant a été privé de sa liberté suite à une mesure judiciaire et que le participant se trouve dans l’incapacité d’assister à la séance de mise à niveau pendant la période susmentionnée. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | date | | | | | | jour | |  | | | mois | |  | année |  | | | |  | | | | | | | | | | | | |
|  | | signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |