

Application for ECAHO - Handler Permit

Please fill in with using BLOCK LETTERS and return the duly signed to:

ECAHO Office, Zuzana Slavíková, Na Blatech 242, CZ-27711 Libis, Czech Republic tel.: +420 602 876 396, e-mal: zuzana.slavikova@ecaho.org

Name(s)		Surname
Contact address		
Zip code	Town	
Country		
e-mail:		phone:

I request (please tick):

() YEARLY HANDLER'S PERMISSION = 20,- Eur (valid 1.1.2025 – 31.12.2025)

() LIFETIME HANDLER'S PERMISSION = 100,- Eur

() CHANGE OF MY INVALID PERMIT (issued before 31.12.2012) No. _____ = 15,- Eur

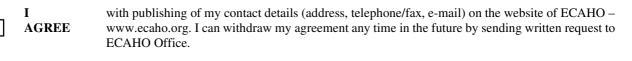
Handler's Declaration:

I, the undersigned applicant for an ECAHO Handler Permit, agree that delivery of this authorization is subject to the approval of ECAHO.

I, the undersigned applicant for an ECAHO Handler Permit, herewith explicitly agree to accept the ECAHO constitution and jurisdiction and all applicable rules, regulations and decisions of ECAHO.

I, the undersigned applicant for the ECAHO Handler Permit, herewith agree to the Privacy Policy as published on ECAHO's website (www.ecaho.org).

I, the undersigned applicant (please tick the appropriate):



I with publishing of my contact details (address, telephone/fax, e-mail) on the website of ECAHO – DISAGREE www.ecaho.org. Only my name will be published. For future agreement new application must be filled in and undersigned (no additional fees are required).

Place & date: ____

Signature: _

INSTRUCTIONS

- Please send a digital photo (passport size) by e-mail only to office@ecaho.org
- After receipt of your application form, you will receive an invoice over the chosen amount, payment details will be given on invoice (payment methods bank transfer or equivalent transfer or the payment of the pay
- Once the application, photo and payment have been received, you will be included in the list of handlers holding a permit and you will receive the printed permission.
- In case of loss of the issuing will be charged 10 EUR per permission.

website: www.ecaho.org