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| **Reavaliação da conformidade [ ]**  | **Revalidação de funcionamento [ ]**  |
| **Validação de Funcionamento [ ]**  |  |
|  |

**IDENTIFICAÇÃO DO REQUERENTE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Proprietário: |       | CAE: |       | NIF: |       |

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| Utilizador: |       |  |

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| Freguesia: |       |  |

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| Concelho: |       |  |

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| Código-Postal: |       -             |

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| N.º de identificação (antigo n.º de registo): |       | (a) |

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| Designação do ESP: |       | (b) |

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| Telefone: |       | Telemóvel: |       | Fax: |       |

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| Endereço eletrónico: |       |

**CARATERÍSTICAS DO RSPS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Construtor: |       |  | País: |       |

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| Marca: |       |  | Modelo: |       |

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| N.º de fabrico: |       |  | Ano de fabrico: |       |

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| Pressão Máxima Admissível (PS): |       bar |  | Capacidade Total (V): |       L |

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| Temperatura Máxima/Mínima Adm.: |       ºC |  | Fluído(s) a conter: |       |

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| Local da instalação: |       |

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| Código-Postal: |       | , Freguesia: |       | , Concelho: |       |

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| Localização GPS: |       |

Pede deferimento.

|  |  |
| --- | --- |
| Data: *de       de*O Requerente: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |