**Formulário de Requerimento de Recadastramento no Sistema APPA WEB**

Nome da Empresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNPJ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inscrição Municipal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inscrição Estadual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complemento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Bairro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Município:\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UF: \_\_\_\_

Telefone: 1 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Corporativo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsável Legal**

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Função na Empresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone: 1 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Corporativo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informações dos Usuários do Sistema**

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Função na Empresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone: 1 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Corporativo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Função na Empresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone: 1 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Corporativo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaro verdadeiras as informações acima prestadas assumindo inteira responsabilidade, sobre as informações prestadas neste documento assim como qualquer ato de funcionários dessa empresa/entidade, que contrarie alguma norma vigente da Autoridade Portuária.

\_\_\_\_\_\_\_\_\_\_L O C A L\_\_\_\_\_\_\_\_, \_\_DIA\_\_ de \_\_\_\_\_\_\_MÊS\_\_\_\_\_\_\_ de \_\_ANO\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura Responsável Legal

(Firma reconhecida)