**[REQUEST FORM FOR ISSUING A DECISION ON THE EXISTENCE OF CONDITIONS REQUIRED FOR THE ESTABLISHMENT OF SPECIALISED ARCHIVES AND PRIVATE ARCHIVES](http://psc.hr/wp-content/uploads/2017/04/OBR-KULT_OBRAZAC-ZAHTJEVA-ZA-IZDAVANJE-RJE%C5%A0ENJA-O-POSTOJANJU-UVJETA-ZA-OSNIVANJE-SPECIJALIZIRANIH-ARHIVA-I-PRIVATNIH-ARHIVA.docx)**

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| --- | --- |
| **FOUNDER** |   |
| 1. Title or name  |  |
| 2. Legal form  |  |
| 3. Address (street, house number) |  |
| 4. City (place, zip code) |  |
| 5. Personal identification number |  |
| 6. Contact (phone number/e-mail address) |  |
| **INFORMATION ON THE ARCHIVE** |   |
| 1. Name |  |
| 2. Address (street, house number) |  |
| 3. City (place, zip code) |  |
| **PREMISES AND EQUIPMENT** |  |
| 4. Work premises (ensured YES/NO) |  |
| 5. Work equipment (ensured YES/NO) |  |
| **FUNDS** |  |
| 6. Funds for establishment and work (ensured YES/NO) |  |
| 7. Source of funds |  |
| **STAFF** |  |
| 8. Number of professional staff |  |
| 9. Responsible person (Director, Head) |  |
| **COMPULSORY ATTACHMENT** | Justifiability and feasibility study  |

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| --- | --- |
| Date of application | Signature of applicant |