



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-mail: office@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 1.1.2026 – 31.12.2026)**

☐ **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 an ECAHO Handler permit, confirm to have read and herewith agree to the Privacy Policy and Social Media Policy as published on ECAHO's website (www.ecaho.org; <https://www.ecaho.org/about-ecaho/gdpr>).

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    
- 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 printed permission.
- In case of loss, issuing of new card will be charged 10 EUR per permission.