
	APPLICATION FORM	 Parc Científic de Barcelona UNIVERSITAT DE BARCELONA
	PRAAL-PCB new user request	

User Information

Surnames		Name
DNI	Phone number	@

Research Responsible

Surnames		Name

Experimental procedures (indicate codes)

DAAM/CEEA	I.P.	DAAM/CEEA	I.P.

Company or Institution Data

Name		CIF
Department		
Address		
Phone number	Fax	@
Location		
<input type="checkbox"/> Barcelona Science Park	<input type="checkbox"/> Outside	

Documentation (to be filled by PRAAL)

<input type="checkbox"/>	ID card copy
<input type="checkbox"/>	Copy of certified course attendance
<input type="checkbox"/>	Copy of Generalitat de Catalunya accreditation
<input type="checkbox"/>	Form properly filled and signed

Date and Signatures

<input type="checkbox"/>	I have read, understand and agree the NRI-PRAAL-PCB
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Research Responsible	User	PRAAL Responsible
Date	Date	Date