ILMO SR. SUPERINTENDENTE DE SERVIÇOS DE TRANSPORTES DE PASSAGEIROS - BRASÍLIA / DF

**ASSUNTO: REQUERIMENTO DE QUADRO DE HORÁRIOS**

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| **EMPRESA:** |
| **CNPJ:** |

Com base no inciso III do artigo 229 da Resolução nº 6.033/2023, vimos à presença de Vossa Senhoria requerer alteração do quadro de horários, nos termos a seguir

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| **LINHA:** |
| **PREFIXO[[1]](#footnote-1):** |

**Sentido Ida:**

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| **Incluir** | **Excluir** | **Serviço** | **Horário** | **S** | **T** | **Q** | **Q** | **S** | **S** | **D** |  | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| **( )** | **( )** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Sentido Volta:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incluir** | **Excluir** | **Serviço** | **Horário** | **S** | **T** | **Q** | **Q** | **S** | **S** | **D** |  | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| **( )** | **( )** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Por fim, solicitamos inserir no campo Observações do quadro de horários o seguinte texto: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nestes termos, pedimos deferimento.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_.

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(Nome e Assinatura do Sócio ou Representante Legal conforme cadastrado no SISHAB)

1. Informar o prefixo, caso se trate de modificação operacional. [↑](#footnote-ref-1)