Ministero delle Imprese e del Made in Italy

DIPARTIMENTO MERCATO E TUTELA
DIREZIONE GENERALE CONSUMATORI E MERCATO
DIVISIONE V – SERVIZI ASSICURATIVI. SERVIZI E PROFESSIONI, ANCHE NON ORGANIZZATE IN ORDINI O COLLEGI. RICONOSCIMENTO TITOLI PROFESSIONALI

APPLICATION FOR RECOGNITION OF PROFESSIONAL QUALIFICATIONS AND DEGREES ACQUIRED IN THE COUNTRIES OF THE EUROPEAN UNION, THE EUROPEAN ECONOMIC AREA AND THE SWISS CONFEDERATION (ARTT. 16 e ss. e 27 e ss. LEGISLATIVE DECREE 206/2007)

PERSONAL DATA

SURNAME:

NAME:

BORN IN:

STATE: THE:

NATIONALITY:

TAX ID CODE:

RESIDENT IN MUNICIPALITY: PROV.:

STATE:

ADDRESS: N.

POSTAL CAP: TELEPHONE:

E-MAIL ADDRESS:

PEC:

ASKS

the recognition of professional titles and qualifications for the exercise of the following activity in Italy

ACTIVITY -

For the the activities of SYSTEM INSTALLATION, AUTO REPAIR, MEDIATION, CLEANING, AGENTS AND SALES REPRESENTATIVES, one or more sections must be indicated. For the installation activity, any limitation may also be indicated

SECTION -

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ATTACHES

SCANNING A VALID DOCUMENT ☐ ATTACHES

CERTIFICATION OF THE COMPETENT AUTHORITY OF THE STATE OF ESTABLISHMENT (see instructions) ☐ ATTACHES

The undersigned, aware of the penalties established for false attestations and false or mendacious declarations, in accordance with the provisions of Article 76 of the Presidential Decree of 28 December 2000, no. 445, as well as the provisions of the Criminal Code and special laws on the matter, and of the fact that the untruthfulness of the content of the declaration made will result in the forfeiture of the benefits resulting from the submission of this application pursuant to Article 75 of Presidential Decree no. 445/2000:

DECLARES

pursuant to articles 46 and 47 of the Presidential Decree of 28 December 2000, n. 445, that the facts and documents cited and attached below correspond to the truth and at the same time

CERTIFIES

the conformity of the following attached documents to the analogue original:

POSSESSION OF PROFESSION QUALIFICATIONS IS DOCUMENTED AS FOLLOWS:

NAME OF THE DOCUMENT IN ORIGINAL LANGUAGE

ISSUING AUTHORITY

ADDRESS

EU / EEA STATE THAT ISSUED IT -

ATTACHES DOCUMENTATION
- ☐ SCANNING OF DOCUMENTS IN ORIGINAL LANGUAGE
- ☐ SCANNING OF DOCUMENTS TRANSLATED INTO ITALIAN

THE ACTIVITY IS REGULATED IN THE MEMBER COUNTRY OF ESTABLISHMENT
- ☐ YES
- ☐ NO

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to be in possession of the following academic, training and professional qualifications (attach a PDF/A optical scan of the qualifications together with the list of subjects and, for hairdressers, the number of training hours):

tick for each title ☐

TITLE -

NAME OF THE INSTITUTE OR AUTHORITY:

ADDRESS:

CITY:

EU / EEA STATE THAT ISSUED IT .

START DATE: END DATE:

OVERALL DURATION YEARS/ HOURS

or for academic and study qualifications

DATE OF OBTAINMENT

ATTACHES DOCUMENTATION
- ☐ SCANNING OF DOCUMENTS IN ORIGINAL LANGUAGE
- ☐ SCANNING OF DOCUMENTS TRANSLATED INTO ITALIAN

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tick for each title ☐

TITLE .

NAME OF THE INSTITUTE OR AUTHORITY:

ADDRESS:

CITY:

EU / EEA STATE THAT ISSUED IT .

START DATE: END DATE:

or for academic and study qualifications

DATE OF OBTAINMENT

OVERALL DURATION YEARS/ HOURS

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☐ SCANNING OF DOCUMENTS IN ORIGINAL LANGUAGE

☐ SCANNIGN OF DOCUMENTS TRANSALTED INTO ITALIAN

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tick for each title ☐

TITLE -

NAME OF THE INSTITUTE OR AUTHORITY:

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EU / EEA STATE THAT ISSUED IT -

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OVERALL DURATION YEARS/ HOURS

or for academic and study qualifications

DATE OF OBTAINMENT

ATTACHES DOCUMENTATION

☐ SCANNING OF DOCUMENTS IN ORIGINAL LANGUAGE

☐ SCANNING OF DOCUMENTS TRANSLATED IN ITALIAN

DECLARES AS AN ALTERNATIVE AND/OR IN ADDITION TO THE QUALIFICATION, STUDY OR PROFESSIONAL TRAINING TITLE THAT HE HAS CARRIED OUT IN THE COUNTRY OF ORIGIN OR MANDATORY IF THE ACTIVITY IS NOT REGULATED IN THE COUNTRY OF ORIGIN, THE FOLLOWING:

TICK FOR EACH OCCASION ☐

ACTIVITY .

For the activities of SYSTEM INSTALLATION, AUTO REPAIR, MEDIATION, CLEANING, AGENTS AND SALES REPRESENTATIVES, one or more sections must be indicated. For the installation activity, any limitation may also be indicated.

SECTION -

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SECTION -

AS .

START DATE END DATE

TASKS PERFORMED

SUPPORTED BY SUITABLE PUBLIC SOURCE DOCUMENTATION:

NAME OF THE DOCUMENT IN ORIGINAL LANGUAGE

ISSUING ENTITY

EU / EEA STATE THAT ISSUED IT .

ADDRESS

NAME OF THE DOCUMENT IN ORIGINAL LANGUAGE

ATTACHES DOCUMENTATION

☐ SCANNING OF DOCUMENTS IN ORIGINAL LANGUAGE

☐ SCANNING OF DOCUMENTS TRANSLATED INTO ITALIAN

TICK FOR EACH OCCASION ☐

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START DATE END DATE

TASKS PERFORMED

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NAME OF THE DOCUMENT IN ORIGINAL LANGUAGE

ENTITY THAT ISSUED IT

EU / EEA STATE THAT ISSUED IT T .

ADDRESS

NAME OF THE DOCUMENT IN ORIGINAL LANGUAGE

ATTACCHES DOCUMENTATION

- ☐ SCANNING OF DOCUMENTS IN ORIGINAL LANGUAGE
- ☐ SCANNING OF DOCUMENTS TRANSLATED INTO ITALIAN

TICK FOR EACH OCCASION ☐

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START DATE END DATE

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NAME OF THE DOCUMENT IN ORIGINAL LANGUAGE

ISSUING ENTITY

EU /EEA STATE THAT ISSUED IT .

ADDRESS

NAME OF THE DOCUMENT IN ORIGINAL LANGUAGE

ATTACHES DOCUMENTATION

- ☐ SCANNING OF DOCUMENTS IN ORIGINAL LANGUAGE
- ☐ SCANNING OF DOCUMENTS TRANSALTED INTO ITALIAN

FOR THE SOLE PURPOSE OF REDUCING ANY COMPENSATORY IMPOSITION MEASURES DECLARES THAT HAS CARRED OUT IN ITALY:

TICK FOR EACH OCCASION ☐

ACTIVITY .

For the activities of SYSTEM INSTALLATION, AUTO REPAIR, MEDIATION, CLEANING, AGENTS AND SALES REPRESENTATIVES, one or more sections must be indicated. For the installation activity, any limitation may also be indicated.

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AS .

START DATE: EDN DATE:

AS
- [ ] OWNER
- [ ] EMPLOYEE
- [ ] Other

IF EMPLOYEE INDICATE QUALIFICATION AND PART TIME OR FULL TIME PERCENTAGE

QUALIFICATION

CONTRACTUAL LEVEL

CCNL APPLIED

TASKS PERFORMED

% TIME WORKED (100 FOR FULL TIME)

AT THE COMPANY NAME

COMPANY REGISTRATION NUMBER

REA NUMBER

CCIAA.: N. REGISTRATION IN THE CRAFTSMEN'S REGISTER:

ATTACHES DOCUMENTATION ☐

TICK FOR EACH OCCASION ☐

ACTIVITY .

For the activities of SYSTEM INSTALLATION, AUTO REPAIR, MEDIATION, CLEANING, AGENTS AND SALES REPRESENTATIVES, one or more sections must be indicated. For the installation activity, any limitation may also be indicated

SECTION .

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SECTION -

AS .

START DATE: END DATE:

AS
- ☐ OWNER
- ☐ EMPLOYEE
- ☐ Other indicate

IF EMPLOYEE INDICATE QUALIFICATION AND PART TIME OR FULL TIME PERCENTAGE

QUALIFICATION

CCNL APPLIED

TASKS PERFORMED

% TIME WORKED (100 FOR FULL TIME)

CCNL APPLIED

TASKS PERFORMED

AT THE COMPANY NAME

COMPANY REGISTRATION NUMBER

REA NUMBER

CCIAA.: N. REGISTRATION IN THE CRAFTSMEN'S REGISTER:

ATTACHES DOCUMENTATION ☐

TICK FOR EACH OCCASION ☐

ACTIVITY -

For the activities of SYSTEM INSTALLATION, AUTO REPAIR, MEDIATION, CLEANING, AGENTS AND SALES REPRESENTATIVES, one or more sections must be indicated. For the installation activity, any limitation may also be indicated

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START DATE: END DATE:

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☐ OWNER
☐ EMPLOYEEE
☐ Other indicate

IF EMPLOYEE INDICATE QUALIFICATION AND PART TIME OR FULL TIME PERCENTAGE

QUALIFICATION

CCNL APPLIED

TASKS PERFORMED

% TIME WORKED (100 FOR FULL TIME)

AT THE COMPANY NAME

COMPANY REGISTRATION NUMBER

REA NUMBER

CCIAA.:

N. REGISTRATION IN THE CRAFTSMEN'S REGISTER:

ATTACHES DOCUMENTATION ☐

ATTACHES IN THE CASES PROVIDED FOR BY NATIONAL REGULATIONS (in the original language and in Italian)

☐ SPECIFIC QUALIFICATION TITLE FOR THE EXERCISE OF THE ACTIVITY

☐ REGISTRATION IN REGISTERS OR LISTS AUTHORIZING THE EXERCISE OF THE ACTIVITY

For the recognition of the activities of AUTO REPAIR, CLEANING, MEDIATION, COMMERCIAL AGENCY AND REPRESENTATION, MARITIME MEDIATION, SHIPPING, SALE AND SUPPLY OF FOOD

ATTACHES (in original language and translated into italian)

☐ CERTIFICATE ISSUED BY THE MEMBER COUNTRY OF ORIGIN PROVEING THE APPLICANT'S HONORABILITY (see instructions)

☐ IF THE LAW OF THE MEMBER STATE DOES NOT PROVIDE FOR CERTIFICATION, ATTACH A SWORN/ SOLEMN DECLARATION MADE BEFORE THE AUTHORITY OF THE MEMBER STATE

FINALLY DECLARES

to have paid the stamp duty of Euro 32.00 by bank transfer to: "State Budget Chapter VIII, Chapter 1205, art. 1" BIC: BITAITRRENT - IBAN: IT 07Y 01000 03245 348 008 1205 01 TAX: Stamp dutyaver

BANK TRANSFER N.

DATE

ATTACHES RECEIPT ☐

CASHIER INSTITUTE

Who intends to register at the SUAP (one-stop shop for productive activities) of:

The undersigned declares to be informed, pursuant to and for the purposes of Regulation (EU) 2016/679, that the personal data collected are mandatory for the correct conduct of the investigation and will be processed, including with IT tools, exclusively within the scope of the procedure for which this declaration is made and that all the preceding declarations have been made under his/her own responsibility pursuant to Presidential Decree no. 445 of 2000, as stated in the epigraph

ALL COMMUNICATIONS FROM THE OFFICE MUST BE SENT TO THE ADDRESS NOTIFIED ABOVE

☐ YES

☐ Other address

DELEGATE FOR RELATIONS WITH THE OFFICE, MRS.

DELEGATE'S EMAIL/PEC

TELEPHONE

PLACE

DATE

THE DOCUMENT IS SIGNED

☐ WITH ADVANCED ELECTRONIC SIGNATURE IN COMPLIANCE WITH ART. 26, REGULATION (EU) 2014/910

☐ WITH HOLOGRAPHIC SIGNATURE. PDF ATTACHED