

SELF-DECLARATION JUSTIFYING THE ENTRANCE INTO THE ITALIAN TERRITORY

(to be delivered to the Carrier if public transport is used)

The undersigned _____ place of birth _____ (____),
date of birth ____ / ____ / _____ citizenship _____
resident in(full address) _____

_____ being aware of the criminal sanctions provided in case of false statements and creation or use of false documents, as well as the sanctions provided for in article 4 of the decree-law 25 March 2020, n. 19;

DECLARES UNDER ITS OWN RESPONSIBILITY

- 1) to be informed about the restrictive measures existing in Italy against COVID-19, and specifically, **of the provision contained in the decree (DPCM) May 17 2020**
- 2) **of not being subjected to a quarantine measure and to have not tested positive for COVID-19**
- 3) to be returning to Italy from the following foreign location: _____,
by the following **means of transport** (in the case of private transportation specify what kind of vehicle and registration) for public transportation flight details, Bus-Train-Cruise, / rail or road race / sea route):

- 4) the undersigned is in one of the following conditions (indicate an option):
 - A) transportation crew;
 - B) traveling staff;
 - C) citizens and residents of the European Union, the States party to the Schengen Agreement, Andorra, Monaco, the Republic of San Marino, Vatican City State and the United Kingdom of Great Britain and Northern Ireland who do entry into Italy for proven reasons of work;
 - D) healthcare personnel entering Italy for the exercise of professional healthcare qualifications, including the temporary exercise referred to in art. 13 of the decree-law 17 March 2020, n. 18;
 - E) cross-border workers entering and leaving the national territory for proven work reasons and for the consequent return to their residence, home or residence;
 - F) staff of companies with registered or secondary offices based in Italy for travel abroad for proven working needs lasting no longer than 120 hours
 - G) officials and agents, however named, of the European Union or of international organizations, diplomatic agents, administrative and technical staff of diplomatic missions, officials and consular employees and military personnel in official in exercise of their functions;
 - H) students attending a course of study in a Country other than the one of residence, home or residence, to which they return every day or at least once a week;
 - I) permanence in Italy for work, health or absolute urgency with a maximum duration of 120 hours;
 - J) transit on the national territory to return to your country of residence, home or residence (maximum duration of stay in Italy 36 hours,);
 - K) movement from/to European Union States, States of the Schengen agreement, United Kingdom of Great Britain and Northern Ireland, Andorra, without being in States different territories in the previous 14 days to the entrance in Italy;
 - L) **none of the above cases.**

If the letter L) is indicated fill in the following items::

- 5) that the trip has been determine by reason of health, work, absolute urgency or to return home/residence (indicate in concrete, verifiable and specific way the reason for the trip and its urgency and need)

- 6) that I will spend a 14-day quarantine period of **health surveillance and fiduciary isolation in the home / home located at the following address:**

Country / street _____ n _____

area code _____ (____)

At: _____

- 7) that, once arrived in Italy, I will reach directly and in the shortest possible time the address indicated in the previous point by the following **private or own means:**

- 8) that the telephone numbers where to receive communications during the entire period of health surveillance and fiduciary isolation are as follows: phone _____ mobile: _____

Place, date and time of this declaration _____

Declarant signature

For the Carrier