To Presidenza del Consiglio dei Ministri

Dipartimento per lo sport

[ufficiosport@pec.governo.it](mailto:ufficiosport@pec.governo.it)

PRIOR DECLARATION FOR THE TEMPORARY AND OCCASIONAL EXERCISE OF THE PROFESSION OF OF (MID) MOUTAIN LEADER ACCORDING TO D.LGS. 206/2007 (ADOPTING THE DIRECTIVE 2005/36/CE On the recognition of professional qualifications) AND SUBSEQUENT AMENDMENTS AND ADDITIONS

The undersigned1:

Surname…………………………………………………………………….Name…………………………………

State of birth……………………………………..City of birth……………………………………………….

Date of birth……………………………………..Citizenship…………………………………………………..

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Resident in:

Country………………………………………..City……………………………………………………

Current address…………………………………………………………………………………….

Phone number……………………………………Mobile ………………………………………………

E mail2…………………………………………………………………………………

communicates its intention to carry out temporarily and occasionally the professional activity of (Mid) Mountain Leader in Italy and in particular in the Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following year: \_\_\_\_\_\_\_\_\_.

To this end

DECLARES

1. that s/he has obtained the qualification of (mid) mountain leader;
2. to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ citizen 3 and to have to have obtained the qualification after a training course of .……. years and …… months duration;
3. that the qualification was issue by obtained by 4 ………………………………… on (date) \_\_/\_\_/\_\_\_, based in the city of ………. in 5 ……….;
4. to be legally established to practice the profession in the city of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6, and to be registered in the professional register of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_since \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ with the registration number \_\_\_\_\_\_\_\_\_\_\_\_\_;
5. to be in possession of third-party liability insurance whose effectiveness starts before the date of start of activity7;
6. that s/he does not have any criminal convictions;
7. to have a knowledge of the (Italian) language as provided for by paragraph 1, art. 53, of Directive 2013/55 / ​​EU of the European Parliament and of the Council of 20 November 2013, adopted in Italy with legislative decree no. 15 of January 28, 2016, amending Directive 2005/36 / EC, which provides that "Professionals who benefit from the recognition of professional qualifications have the knowledge of languages ​​necessary for the exercise of the profession in the host Member State".

Having said that, attaches the following documentation8:

* a copy of a currently valid personal identity document (ID card or passport) indicating nationality;
* a certificate issued by the competent authority of the State of establishment attesting that the service provider is legally established in the State referred to in point (d) for the purpose of pursuing the profession in question and that at the time the certificate is issued he/she is not prohibited from pursuing it, even on a temporary basis;
* copy of the professional diploma or qualification to practice the profession;
* copy of the professional registration card;
* copy of any other documentation certifying any further training and professional experience of the applicant, relevant for the purpose of demonstrating possession of the needed knowledge or skills;
* certificate of criminal record or self-certification ex dpr 445/2000, dated not less than six months from the submission of this application, with which the FVC declares:

a) that he/she has not been convicted of any criminal offence and that he/she is not the addressee of measures concerning the application of security and prevention measures;

(b) that he/she is not aware of being subject to criminal proceedings;

* proof of payment of the 32,00 euro stamp duty.

In case the profession is not ruled in the State of establishment, as provided for in art. 9, para. 1, letter b) of the legislative decree 206/2007, implementing directive 2005/36/CE, a declaration and evidence that the exercise of the profession referred to in letter a) has been carried out for at least one year during the ten preceding this request have to be provided 9.

The applicant also declares to have carried out temporary and occasional professional services on the Italian territory in the following places or periods:

|  |  |
| --- | --- |
| Place | Period |
|  |  |
|  |  |
|  |  |
|  |  |

PRIVACY CONSENT

I, the undersigned, having read the privacy policy, declare that I authorize, pursuant to Legislative Decree No. 196/2003, as amended by Legislative Decree 101/2018 and Article 13 of the General Regulation for the Protection of Personal Data No. 2016/679 and the novelties introduced by Law 160/2019, the processing of data that will be collected and processed, including by computer, exclusively within the scope of the procedure for which this statement is made.

Date…………………………………………… Signature ………………………………..

**INSTRUCTIONS FOR FILLING OUT THE APPLICATION**

1) the application must be submitted in Italian and information should be written in capital letter;

2) please provide a personal and valid email address;

3) please specify the EU and / or the Swiss Confederation State and / or the State - adhering to the agreement referred to in Law no. 300/1993 - which issued the title;

4) specify the organization or association that issued the title;

5) specify the EU State and the city where the organization that issued the qualification is based;

6) specify the EU Member State in which the applicant is established for the practiced the profession;

7) the applicant, pursuant to Legislative Decree 206/2007 and subsequent amendments and integrations, must communicate the data relating to the insurance policy, currently valid, to cover the risks deriving from the performance of the profession referred to in letter a) of declaration;

8) the attached documentation, if drawn up in a language other than Italian, must be accompanied by its translation into Italian, certified by an official translator and conforming to the foreign language text;

9) if the profession is not regulated in the EU State of establishment, the applicant must certify the effective exercise of the profession for at least one of the previous ten years. To this end, it may provide, by way of example, tax or social security certification which clearly identifies the professional activity carried out;

10) the payment of the € 32,00 stamp duty must be made by bank transfer in “Euro” to the Bilancio dello Stato Capo VIII, Capitolo 1205, art. 1, giving the following information:

**BIC: BITAITRRENT -IBAN: IT 07Y 01000 03245348 008 1205 01**

Reason for payment: imposta di bollo esercizio temporaneo per l’anno (indicate the year) di Accompagnatore di media montagna - name and surname of the applicant.

11) The form and the related documents must be sent exclusively in pdf format in a single file;

12) Not readable application will be considered inadmissible.