To Presidenza del Consiglio dei Ministri

Dipartimento per lo sport

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

APPLICATION FOR THE RECOGNITION OF THE TITLE OF MOUTAIN GUIDE OBTAINED IN AN EU MEMBER STATE 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…………………………………………………..

Resident in:

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

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

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

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

DECLARES

(pursuant to DPR 445/2000, art.46)

1. To have obtained the qualification of mountain guide;
2. that the title was obtained in(country)3………………………………… on (date) \_\_/\_\_/\_\_\_\_4 ;
3. that the title was issued by5...................................based in 6 ……………………………….;
4. to have obtained mentioned qualification after a training course of .……. years and …… months duration,
5. to have already gained professional experience in ………………………………….. during the following period7……………………………………………….;
6. that s/he has not received 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

ASKS

according to the provisions of legislative decree 206/2007 and subsequent amendments and additions, for the recognition of the qualification specified at point 1) in order to pursue the professional activity in Italy.

To this end, please find attached the following documents, accompanied by a translation into Italian:

* copy of the professional qualification;
* copy of the professional registration card (ie. association/federation);
* a copy of a currently valid personal identity document (ID card or passport) indicating nationality;
* a certificate by the authority competent - in accordance with the laws, regulations or administrative provisions of that State - for issuing the foreign qualification held, containing the complete program of the training courses attended with specification of days, hours and subjects;
* a declaration by the authority competent - in accordance with the laws, regulations or administrative provisions of that State - for issuing the foreign qualification held, showing the existing Mountain guide levels in that country and the level held by the applicant;
* a declaration by the authority competent - in accordance with the laws, regulations or administrative provisions of that State - for issuing the foreign qualification held, indicating the schedule of exams taken;
* certificate of temporary professional practice issued by ……………………………….;
* 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 duty8.

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 FILLIN OUT THE APPLICATION**

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

2) in order to facilitate processing the application, please provide a personal and valid email address;

3) specify the Country that issued the qualification;

4) specify the date (day, month and year) on which the certificate was issued;

5) specify the organization or association that issued the qualification;

6) specify the city where the organization that issued the qualification is based;

7) specify the State in which the applicant has practiced the profession and the period of time in which he/she has practiced the profession;

8) 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 riconoscimento di Guida alpina - name and surname of the applicant.

9) The application and the related documents must be sent exclusively in pdf format in a single file.

10) Not readable applications will not be processed.