

MINISTERO DELL'INTERNO

Al Ministero dell'Interno

Dipartimento della Pubblica Sicurezza

Ufficio per l'Amministrazione Generale

Ufficio per gli Affari della Polizia Amministrativa

U.O. Vigilanza Privata e Investigazioni Private

polam@interno.it

**APPLICATION FOR RECOGNITION OF PROFESSIONAL TITLES
AND QUALIFICATIONS**

(Section. 16 and following sections of Legislative Decree 206/2007)

PERSONAL DATA

| | | | |
|------------------------------|------|----------|--|
| Surname | | | |
| Name | | | |
| Date of birth | | | |
| Born in | | | |
| State of birth | | | |
| Resident in the Municipality | | Province | |
| State | | | |
| Address | | | |
| Email address/PEC | Tel. | | |

APPLIES FOR

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

**“PERSON IN CHARGE OF SECURITY CHECKS IN ENTERTAINMENT
VENUES AND PUBLIC PLACES (BOUNCERS)”**

| | |
|--|---------|
| Scanned valid identity document | Annex 1 |
| Scanned valid resident permit | Annex 2 |
| Certification issued by the competent Authority of the home Member State | Annex 3 |

| | |
|---|---------|
| Certificate attesting to the applicant's good character and repute, and to the fact that the applicant has not been declared bankrupt, has not been temporarily or definitely suspended from the pursuit of the profession, or has no criminal convictions. | Annex 4 |
|---|---------|

I, the undersigned, aware of the consequences of making false statements, falsehood of acts and use of false facts, punishable by law according to art. 76 of Presidential Order no. 445/2000 and to the rules of the Criminal Code and relevant special laws, as well as of the fact that untruthfulness of the data contained in the declaration shall result, under section 75 of Presidential Order 445/2000, in the withdrawal of the benefits deriving from the submission of this application

HEREBY STATE

under Sections 46 and 47 of Presidential Order 445 of 28 December 2000, that the facts and documents mentioned and attached below are true, and

DECLARE

that the following attached documents are a true representation of the hard copy originals

to be in possession of the following qualifications:

| | |
|--|--|
| Title of the document in the original language | |
| Issuing Authority | |
| Address | |
| EU /EEA State which issued it | |

attach

| | |
|---|---------|
| Scanned documents in original language | Annex 5 |
| Scanned documents translated in Italian | Annex 6 |

| | | |
|--|-----|----|
| Please, indicate whether the activity is regulated in the EU Home Member State | YES | NO |
|--|-----|----|

to hold the following study, training and professional qualifications (please, attach PDF optical scanning of qualifications accompanied by a list of the study subjects and number of training hours).

| Title of course | Name of Institute or Authority | Address | City | EU/EEA State | Start date | End date | Total duration (years/hours) |
|-----------------|--------------------------------|---------|------|--------------|------------|----------|------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

attach

| | |
|---|---------|
| Scanned documents in original language | Annex 7 |
| Scanned documents translated in Italian | Annex 8 |

or, for academic qualifications, please indicate

| Academic qualification | Name of Institute | City | EU/EEA State | Year when it was awarded | Duration (in years) |
|------------------------|-------------------|------|--------------|--------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

ATTACH CERTIFICATE/QUALIFICATION in PDF format

| | |
|---|----------|
| Scanned documents in original language | Annex 9 |
| Scanned documents translated in Italian | Annex 10 |

In case the profession is not regulated in the country from which the foreign national comes:

ATTACH

| |
|---|
| Documents proving the pursuit of the professional activity concerned for at least one year during the preceding ten years |
| Title of the document |
| Issuing Authority |
| Address |
| Issuing State |

ATTACHES DULY LEGALIZED DOCUMENTS

| | |
|---|----------|
| Scanned documents in original language | Annex 11 |
| Scanned documents translated in Italian | Annex 12 |

For subsequent obligations by the *Prefettura*, please indicate the competent *Prefettura* having jurisdiction over the place where the professional activity is intended to be pursued:

| | |
|---|--|
| Prefecture of | |
| Manager of an entertainment venue and public place or requesting authorized firm under section 134 of the Public Security Consolidating Act | |

FINALLY DECLARE

To have discharged the obligation to pay the 32 euro duty stamp by means of money transfer in favour of: Bilancio dello Stato Capo VIII, Capitolo 1205, art.1 "BIC:BITAITRRENT-IBAN: IT07Y 01000 03245 348 008 1205 01 IMPOSTA: Imposta di bollo.

| | |
|--------------------|----------|
| Money transfer no. | |
| Date | |
| Bank | |
| Receipt | Annex 13 |

I, the undersigned, declare to be informed, pursuant to and for the purposes of Legislative Decree 196/2003, that the collection of personal data is mandatory for the proper conduct of the investigation and that it shall be processed, also electronically, exclusively in the framework of the procedure in relation to which this declaration is made and that all the preceding declarations were made under my own responsibility in conformity with Presidential Order 445 of 2000, as stated in the premise.

Address where the correspondence relating to this recognition procedure shall be sent

| | |
|--|--|
| | |
|--|--|

Date:

The document is signed

| | |
|---|----------|
| WITH ADVANCED ELECTRONIC SIGNATURE in conformity with Article 2 of EU Directive 1999/93 | YES |
| WITH HOLOGRAPHIC SIGNATURE. PDF IS ATTACHED | Annex 14 |