

**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:

**“SPECIAL SECURITY GUARD”**

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	Annex 4

declared bankrupt, has not been temporarily or definitely suspended from the pursuit of the profession, or has no criminal convictions.	
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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
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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

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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
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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	
Private surveillance firm authorized under section 134 of the Public Security Consolidating Act for the purpose of guarding securities or real estate as under section 133 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

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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