# SELF-DECLARATION FORM JUSTIFYING TRAVEL IN ITALY OF PERSONS ARRIVING FROM ABROAD

## (for presentation to the public transport carrier)

The undersigned (full name)	, born on (date of birth)
/in (place of birth)(_	), nationality
resident in (commune and province)(),	
being aware of the criminal liability for misrepresentation and the	counterfeiting or use of counterfeited official
documents, besides the penalties provided in article in article 2 of	Decree-Law 33/2020; hereby
DECLARES UNDER HIS/HER OWN F	RESPONSIBILITY THAT
1) he/she is aware of the measures for containing the spread of Co	ovid-19 in force in Italy and, in particular, of the
requirements laid down in the decree of the President of the Co	uncil of Ministers of 17 May 2020;
2) he/she is not subject to quarantine measures and has not te	sted positive to Covid-19;
3) he/she has entered Italy from the following foreign location_	
by the following <b>means of transport</b> (if a private vehicle, specify	the type and registration of vehicle; if a public
means of transport, specify the flight number / rail or bus service	number / ferry route):
4) over the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower they stayed / transited in the follower the last 14-day period they stayed / transited in the follower they stayed / transited in the follower the last 14-day period they stayed / transited in the follower the last 14-day period they stayed / transited in the follower they st	lowing Countries and territories:
5) the undersigned fulfils one of the following conditions or requi	rements (specify which):
A) crew of the means of transport;	
B) travel staff member;	
C) citizens and residents of the European Union, the Member	er States to the Schengen Area, Andorra, the
Principality of Monaco, the Republic of San Marino, the Va	atican City State and the United Kingdom of

D) health personnel entering Italy to practise their professional qualifications, also on a temporary basis,

E) cross-border workers entering and leaving the country for proven work reasons and who then return to

Great Britain and Northern Ireland entering Italy for proven work reasons;

as referred to in Article 13 of Decree-Law No. 18 of 17 March 2020;

their place of residence, home or dwelling;

- F) personnel of companies with their registered office, or a sub-office, in Italy, for travel abroad for proven work reasons, for no more than 120 hours;
- G) officials and servants of any description of the European Union or international organisations, diplomatic agents, administrative and technical personnel of diplomatic missions, consular officials and employees, military personnel in the performance of their duties;
- H) pupils and students attending a study programme in a Country other than their Country of residence, home or dwelling, to which they return on a daily basis or at least once a week;
- I) remaining in Italy for reasons of work, health or absolute necessity, for no more than 120 hours;
- J) Transit through Italy on your way back to the country in which you live (with the permission to stay for no more than 36 hours);
- K) travelling from or to an EU or Schengen Member State, the United Kingdom of Great Britain and Northern Ireland, Andorra, the Principality of Monaco, the Republic of San Marino, the Vatican City State, and did not stay in any other Country in the 14 days prior to travelling to Italy;

#### L) none of the above.

### If letter L) applies, compile the following:

## 6) any of the following conditions apply to the declarant:

- A) he / she is a citizen of an EU Member State / Schengen Member State/ United Kingdom / Andorra / Monaco / San Marino / Vatican;
- B) he / she is resident in an EU Member State / Schengen Member State / United Kingdom / Andorra / Monaco / San Marino / Vatican;
- C) he/she is the spouse or civil/cohabiting partner of a citizen of an EU Member State / Schengen Member State / United Kingdom / Andorra / Monaco / San Marino / Vatican;
- D) he/she is a lineal relative of any of the persons referred to in A), B) or C) above and is aged less than 21 years;
- E) he / she is a lineal relative of and dependent on any of the persons referred to in A), B) or C) above;
- F) he / she is a household member dependent on or cohabiting with any of the persons referred to in A, B) or C) above:
- G) he/she is resident in any of the following Countries: Australia, Canada, Georgia, Japan, Morocco, New Zealand, Rwanda, Republic of Korea, Thailand, Tunisia, Uruguay;

#### H) None of the above cases

7) (fill in only if you have crossed the letter H of point 6) he/she is travelling for essential work, study, urgent or health reasons or to return home (please specify your essential reasons for travelling, in a clear and verifiable manner):

8) he/she will <b>self-isolate, under the supervision of the comp</b>	petent health authorities, for a period of 14 days
the following address:	
piazza/via	napt
Commune	
at the home of:	
9) on arrival in Italy, he/she will immediately and directly travel time, with the following private or own means of transport:	1
10) he/she will receive any communications, throughout the per	eriod of supervised self-isolation, at the following
telephone numbers: landline:n	mobile:
Place, date and time of this declaration	
Declarant's signature	Carrier's signature