SELF-CERTIFICATION FORM FOR TRAVEL TO ITALY FROM ABROAD

(please give to the public transport provider)

AUTODICHIARAZIONE GIUSTIFICATIVA DELLO SPRENTAMENTO
IN CASO DI ENTRATA IN ITALIA DALL’ESTERO
(da consegnare al vettore in caso di utilizzo di mezzo pubblico di trasporto)

Mr./Ms. __________________________________________, born on ____/____/______ in ____________________________________________________________, resident in ______________________________(____), hereby declare that I am aware of the criminal liability incurred in the case of misrepresentation or the formation or use of false documents, and of the penalties incurred in pursuance of article 4 of Decree Law 19/2020, and also

a) I am aware of the COVID-19 containment measures currently in force in Italy and, in particular, of the requirements of the ordinance issued by the Ministry of Health, in agreement with the Ministry of Infrastructure and Transport, no. 3986 of March 28, 2020;

b) I am not subject to quarantine requirements and have not tested positive to the Covid-19 virus;

c) I am returning to Italy from the following foreign location ________________________________, using the following means of transport (in the case of a private means of transport, specify the type and registration of the vehicle; in the case of public transport, the flight / train number or road/ ferry itinerary):

__________________________ ___________________________________________ __________________________

d) travel is justified for the following health needs, work requirements or reasons of absolute necessity (provide the specific, concrete and verifiable reasons for and the urgency and necessity of travelling):

d) che lo spostamento è determinato da motivi di salute, lavoro o di assoluta urgenza (indicare in modo specifico, concreto e verificabile i motivi dello spostamento e la loro urgenza e necessità):

__________________________ ___________________________________________ __________________________

__________________________ ___________________________________________ __________________________

e) I will observe a 14-day period of self-isolation, subject to supervision by the competent healthcare authorities, at the following address:

e) che svolgerà il periodo di 14 giorni di sorveglianza sanitaria e l’isolamento fiduciario nell’abitazione/dimora situata al seguente indirizzo:
piazza/via ____________________________ street no. __________ flat no. ______
Commune ____________________________________________________________(__)
Postcode________________________

at the home of: __________________________________________________________

piazza/via ____________________________ a __________ interno ________
Commune ____________________________________________________________(__) CAP________
presso: ________________________________________________________________

f) once in Italy, I shall travel directly to the above mentioned address, in the shortest possible time, with the following private or personally owned vehicle: ____________________________

________________________

f) che, una volta giunto/a in Italia, raggiungerà direttamente e nel minore tempo possibile l’indirizzo indicato al punto precedente tramite il seguente mezzo privato o proprio:

________________________

g) my telephone contact number(s) where I can be reached throughout the self-isolation period, subject to supervision by the competent healthcare authorities is the following: land line: _________________________

________________________
g) che i recapiti telefonici presso cui ricevere le comunicazioni durante l’intero periodo di sorveglianza sanitaria e isolamento fiduciario sono i seguenti: fisso: _________________________

________________________

Place, date and time of this declaration______________________________

Luogo, data e ora della presente dichiarazione _________________________

________________________

Signature of declarant Signed on behalf of Carrier
Firma del dichiarante per il Vettore