

REPORT FACSIMILE

ON COMPANY HEADED PAPER (Copy & Paste the below request onto one single paper with official Company Letterhead)

Annex 6 STATEMENT IN LIEU OF CERTIFICATION

F.a.o. Airport ID Office- ADR S.p.A.

STATEMENT IN LIEU OF CERTIFICATION

(Article 46 DPR 28/12/2000 n. 445)

The undersigned (full name of the person who is requesting the Airport Pass) acting as (Job Description of the person making the Request, eg. Project _____ Manager) of the Company/Firm _____.

declares

that towards Mr/Mrs _____ born in (Place of birth), District (_____) on (Date of Birth) for whom it was requested the issuing of airport passes:

- this Company/Firm has fulfilled all its duties imposed by law with reference to Social Accident Insurance for the employment contract term;
- in case of interruption of the airport employment over 6 months, he/she will be subjected to "security recurrent training" before being employed again;
- in the event of a request for renewal of the ID card, if employment interruption exceeds 28 days, the employee will fill in the "Declaration of professional activity, education and training";
- to have completed all the formalities required by regulations regarding Security training and "Safety and health in the workplace";
- of having complied with the provisions of Chapter 6 of the Procedure for the issuance of airport cards.

The undersigned declares to be aware of criminal responsibility with regard to Legislative Decree .76 28/12/2000 n ° 445 in case of false declarations, also notes that, pursuant to Article 13 of the EU Reg. 2016/679 "GDPR", the above data are collected exclusively for office purposes and will not be used for other purposes without prior consent.

The undersigned also declares to have read the privacy policy provided by ADR S.p.A. pursuant to art. 13 Reg. UE 2016/679 (GDPR) on the website www.adr.it at the following links:

- FCO: <https://www.adr.it/bsn-tesseramento-fiumicino1>
- CIA: <https://www.adr.it/bsn-tesseramento-ciampino1>

The undersigned encloses a photocopy of an identification document.

EMPLOYER

Name _____ Surname _____ (Manager making the request)

Full signature (legible)

Date
