

SELF-CERTIFICATION OF RESIDENCE, PROFESSIONAL ACTIVITY AND STUDIES**SUBSTITUTIVE DECLARATION OF CERTIFICATION****(PURSUANT TO PRESIDENTIAL DECREE 28/12/2000 N.445)**

THE UNDERSIGNED, (SURNAME AND NAME) _____

BIRTH PLACE _____ BIRTH DATE _____

FISCAL CODE _____

RESIDENCE _____ DOMICILE _____ N. _____

PHONE OR MOBILE _____ E-MAIL _____

QUALIFICATION STUDY _____ OBTAINED ON _____

DECLARES**TO HAVE BEEN RESIDENT IN THE FOLLOWING STATES FOR THE LAST FIVE YEARS:**

STATE: _____ FROM _____ TO _____

STATE: _____ FROM _____ TO _____

STATE: _____ FROM _____ TO _____

STATE: _____ FROM _____ TO _____

TO HAVE CARRIED OUT FOLLOWING PROFESSIONAL ACTIVITIES IN THE LAST FIVE YEARS (SPECIFY ANY INTERRUPTIONS LONGER THAN 28 DAYS AND FILL IN FROM THE MOST RECENT TO THE LAST RECENT) :

WORK: _____ SOCIETY: _____ EDUCATION: _____

INTERRUPTION: _____ REASON: _____ PLACE: _____

FROM _____ TO _____

WORK: _____ SOCIETY: _____ EDUCATION: _____

INTERRUPTION: _____ **REASON:** _____ **PLACE:** _____
FROM _____ **TO** _____

WORK: _____ **SOCIETY:** _____ **EDUCATION:** _____
INTERRUPTION: _____ **REASON:** _____ **PLACE:** _____
FROM _____ **TO** _____

WORK: _____ **SOCIETY:** _____ **EDUCATION:** _____
INTERRUPTION: _____ **REASON:** _____ **PLACE:** _____
FROM _____ **TO** _____

DECLARE THAT I HAVE NOT TAKEN ANY BEHAVIOR OR ACTION CONTRARY TO SAFETY DURING ANY WORKING OR EDUCATION BREAKDOWN PERIODS

NOTHING TO DECLARE (AWARE OF THE PENALTIES REFERRED TO IN ART. 28/12/2000 76 OF PRESIDENTIAL DECREE N° 445 IN THE CASE OF FALSE STATEMENTS AND REVOCATION OF ANY BENEFITS RESULTING FROM THE MEASURE ADOPTED ON THE BASIS OF FALSE STATEMENTS, UNDER HIS OWN RESPONSABILITY)

PLACE AND DATE

SIGNATURE OF THE DECLARANT

In relation to the information provided to me by Airgest, published on the website www.airgest.it, which I declare to have read and understood regarding the purposes of the processing of personal data by Airgest itself, connected to the issue of access passes for airport areas and the provision of the service as a whole.

I EXPRESS MY CONSENT

I DONT GIVE MY CONSENT

The undersigned also declares to be aware of the rights recognized by art. 15 to art. 22 of the GDPR and the provisions pursuant to reg.

European 016/679 regarding the use, communication and unauthorized dissemination of personal data.

DATE AND SIGNATURE _____