

STATEMENT IN LIEU OF CERTIFICATION COMPANY

(EX ARTT. 1 e 2 del DPR del 20-10-1998 n°403, on the simplification of administrative certifications)

At kindly attention Airgest S.p.A –Pass Office (ufficiopass@airgest.it)

.....
(Full Name of person of Authority who is requesting the airport pass eg. Local Manager)

Born/in on
(gg-mm-aaaa) (luogo di nascita)

In quality of.....
(specify working on area or more areas)

Indicate tipe of contract (Fixed ,Termpermanent -temporary-call).....

Indicate of expiration of the contract.....

The following declaration is attached to the relevant application for an airport pass request:

- The regularityof the employment relationship with the subject for which authorization is requested;
- The suitability for carryng out the activity to be performed within the airport areas;
- The regularity of insurance coverage for damage that the person,for whom the pass is requested, my cause during the performance of activities within the airport areas ;
- Knowledge of the obligations related to requesting and obtaining authorization to access the airport areas;
- The training and information on the specific risks relating to the activity to be carried out in the airport areas and, in particular, regarding the safety and security aspects.

STAMP AND SIGNATURE OF THE LEGAL REPRESENTATIVE OR DELEGATED

OF COMPANY