

REPORT FACSIMILE

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

Attachment N.5a STATEMENT IN LIEU OF CERTIFICATION - COMPANY

Att. ADR S.p.A.
Airport Permit Office
Rome Ciampino Airport

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.(*employee for whom the pass will be issued*) born in_(*Place of birth*), District (_____) on (*Date of Birth*) for whom it was requested the issuing of airport passes, provisional, to have access to the following areas: (*Area where employee is due to work, eg. Apron Area*).

This Company/Firm_____ has fulfilled all its duties imposed by law with reference to insurance and social security for the employment contract term and that Mr/Mrs_____.(*employee for whom the pass will be issued*) has signed a:

- FIXED TERM CONTRACT (CTD) (in case of CTD specify the contract term)
- OPEN-ENDED CONTRACT (CTI)

The undersigned company declares to have completed all the formalities required by regulations regarding "Safety and health in the workplace".

We further certify that the above mentioned employee has received the appropriate training about "Airport Emergency Procedures".

Finally, the undersigned company acknowledges that the above appropriate documentation has been communicated with regards to inherent information procedures for the evacuation of the workplace, the provisions required for the intervention of emergency services at the airport (Fire, Police, Emergency Department) and how to provide the necessary information at their arrival. The undersigned company assumes the responsibility to provide training and periodic updates of the staff listed above in accordance with the provisions of Circular ENAC GEN-02A in case, during their work, they get in contact with disabled passengers or with reduced mobility.

I enclose a photocopy of an identification document. 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.679/2016 "GDPR", the above data are collected exclusively for office purposes and will not be used for other purposes without prior consent. Full information is available at the airport card issuing office.

EMPLOYER

Name_____Surname_____(*Manager making the request*)

Full signature (legible)

Date
