# Attachment No.7 STATEMENT IN LIEU OF CERTIFICATION – SELF-EMPLOYED STATUS

# 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, e.g. 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, this Company/Firm accomplishes:

* the payment of the deposit, required by law, that covers the entire duration of the relationship;
* or, the payment of fees due and the payment of the withholding tax to cover the services supplied as a result of invoicing.

The undersigned company assures:

* 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 for CTD personnel, 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: Qualification:

Full signature (legible) Date

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