

SELF-DECLARATION PURSUANT TO ART. 46 E 47 D.P.R. No 445/2000

the undersigned (surname name) _____, born on
____/____/____, in _____ residence (city,
address) _____ (____), living in (city,
address) _____, identification document _____
and number _____, issued by _____, on ____/____/____, phone number _____;
aware of the criminal consequences provided for in the case of false statements to a public official (art. 495 c.p.)

DECLARES UNDER ITS OWN RESPONSIBILITY

- **not to be subjected to the quarantine measure or not to have tested positive for Covid-19**
(without prejudice to the movements ordered by the health authorities);
- **that the move started with** _____
(indicate the address from which it started) **targeting** _____
- **to be aware of the containment measures in force today concerning restrictions on the possibilities of movement of natural persons throughout the national territory;**
- **to be aware of the further limitations ordered by measures of the President of the Region**
_____ (indicate the region of departure) **and the President of the Region**
_____ (indicate the Region of arrival) **and that the move is one of the cases**
allowed by _____
_____ (indicate which);
- **to be aware of the sanctions provided for in art. 4 of D.L. n. 19 of 25 March 2020;**
- that the displacement is determined by:
 - proven work needs;
 - situations of need;
 - health reasons;
 - return to your home, home or residence:

In this regard, declares that:

- I work at _____
- I am returning to my home on _____
- I have to make a medical examination at _____
- other reasons particular _____
- _____
- _____

Date ____/____/____, Time _____ and Place of Control _____

Sign of Declarant

The Police Operator
