**SELF-DECLARATION IN ACCORDANCE WITH ARTICLES. 46 AND 47 D.P.R. NO. 445/2000**

**The undersigned , born on in …………, resident in …………., Via ………. and domiciled in**

 **………, Via ……………, identified by ID nr. …………….., issued by …………………………………**

**on date ……………. , telephone …………………………………… ,aware of the criminal consequences**

**provided for in the event of false declarations to public officials (Article 495 of the Italian Criminal Code).**

**DECLARES UNDER HIS/HER OWN RESPONSIBILITY**

* **that he/she is not subject to quarantine or that he/she has not tested positive for COVID-19 (except**

**for travel ordered by the health authorities);**

* **that the journey started from**

**………………………………………………………………………………. (indicate the address from which it started) with destination . ………………………………………………**

* **to be aware of the measures to contain the contagion in force at today's date and adopted pursuant**

**to Articles 1 and 2 of Decree-Law No. 19 of 25 March 2020, concerning the limitations on the possibility of movement of natural persons within the entire national territory;**

* **that they are aware of the further limitations imposed by the measures of the**

**President of the Region (indicate the Region of departure) …………………………………………and of the**

**President of the Region (indicate the Region of arrival) ……………………………………………. and that the movement falls within one of the cases allowed by the same measures …………………………………… (indicate which);**

* **to be aware of the sanctions provided for in Article 4 of Decree Law no. 19 of 25 March 2020;**

**that the displacement is determined by:**

**- proven working needs;**

**- absolute urgency ("for transfers to a different municipality", as provided for by art. 1, paragraph 1, letter b) of the Prime Ministerial Decree of 22 March 2020);**

**- a situation of necessity (for journeys within the same municipality or that are of an everyday nature or that, in any case, are usually made due to the short distances to be covered);**

**- health reasons.**

**In this regard, it states that …………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………**

**(I work at ..., I have to carry out a medical examination, urgent assistance to relatives or people with disabilities, or execution of care interventions in favor of people in serious need, obligations of custody of minors, reports of crimes, return from abroad, other special reasons, etc. ....).**

**Date, time and place of the check**

**Signature of the declarant The Police Operator**