



# Italian Ministry of Health

DIRECTORATE GENERAL FOR PREVENTION

Office 3 - USMAF - SASN coordination

**REQUEST FOR AUTHORISATION pursuant to the Ordinances of the Italian Ministry of Health of 14 May 2021, containing "Further urgent measures regarding the containment and management of the epidemiological emergency caused by COVID-19".**

**Applicant information (fill in all fields).**

**Name and surname:**

**Country of origin of the flight:**

**Citizenship:**

**Residenza Anagrafica (Registered Residence)\*:**

\*If in possession of Registered Residence in Italy prior to 13 February 2021, attach a document proving this declaration. Self-declarations are not considered valid for the purposes of the aforementioned request.

## **Request for authorisation**

*(indicate relevant option)*

Entry into Italy from **Brazil** and exemption from self-isolation is requested pursuant to the Ordinances of 16 and 29 April 2021 as it falls within the conditions provided for by **Prime Ministerial Decree of 2 MARCH** under article 51, paragraph 7, letters (tick the corresponding box):

f)

m)

n)

upon entry into Italy from **Brazil** for the following imperative, essential reason:

**N.B.** Attach the documentation proving the reason for entry selected to this form. If documentation is incomplete, it will not be possible to process your request.

## **Documentation to be attached**

Attach the following documents, strictly in a single document in PDF format:

- Travel itinerary (plane ticket booking or booking for any other means of transport used will suffice);
- valid identity documents (identity card or passport only);
- documents proving the reason for which the authorisation is requested.

Travel information

- Date and time of arrival in Italy
- Date and time of departure from Italy \_\_\_\_\_
- Place of entry (city, border crossing)  
\_\_\_\_\_
- Specify the means of transport (vehicle/train/ship number/license plate number and car model) and the places of origin and arrival of the trip:  
\_\_\_\_\_

Date, place and signature

\_\_\_\_\_

I authorise the Italian Ministry of Health to process the above personal data for the purposes functional to its activity

I also declare that I have read the information pursuant to **Italian Legislative Decree No 196 of 30/06/2003**.



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**AUTHORISATION**

With reference to the request received and the documentation examined, the **Italian Ministry of Health will send the AUTHORISATION to the address indicated.**

**Please carry the authorisation received with you as inspectors may ask to see it.**