



Ambasciata d'Italia
Washington

NOTICE TO THE PERSON SIGNING THIS FORM: Your signature on this form must be authenticated in person by a US notary public, Italian Consular officer or Honorary Consul. Un-notarized or digitally notarized signatures, or signatures notarized by non-US notaries will NOT be accepted. This form must be submitted to the Italian Embassy in Washington DC in original along with a copy of your valid photo ID.

I, the person signing this form, declare my personal information as follows:

Full name: _____ Date of birth: _____ Job title: _____

I declare that I am an executive or manager working for, or a legal representative of, my employer:

Employing company or agency's full name: _____

Employing company or agency's address: _____

Employing company or agency's preferred e-mail for legal inquiries: _____

Employing company or agency's preferred phone number for legal inquiries: _____

I declare that my employer has not been convicted of any labor law violations in Italy or the European Union as listed under comma 5-bis of article 22 of the *Testo Unico Sull'Immigrazione* (Italian immigration code), including but not limited to:

- Any convictions for facilitating illegal immigration into Italy or the European Union;
- Any convictions for exploiting minors for work purposes in Italy or the European Union;
- Any convictions for labor exploitation, failure to adhere to national union contracts, or otherwise related to the exploitation of employees in Italy or the European Union;
- Any convictions related to the above pursued by third parties, such as a staffing agency, to disguise culpability for the labor law violations;
- Any convictions for additional labor law violations listed under comma 5-bis, art. 22, which are not explicitly listed here.

Having so declared, I am signing and dating below:

Date: _____

Signature: _____