



**STATEMENT BY THE FOREIGN PERSON AUTHORIZED FOR THE PERFORMANCE OF A REGULATED
PROFESSION IN CIVIL ENGINEERING IN THE REPUBLIC OF CROATIA**

COMPLETED BY THE CCCE

Date: _____ CLASS: 460-0__/_-01/____ REG.NO.: 500-03-____-____

First performance of a regulated profession in civil engineering in the Republic of Croatia

1. Personal information:

Name: _____ Surname: _____
GENDER (please mark): MALE FEMALE Citizenship: _____
Personal document (please mark): ID card passport
Number of personal document: _____ Place of issue of personal document: _____
Country of issuance of the personal document: _____ Tax number: _____
personal tax number (TIN / PIN / MCN / ID number)
Date of birth: _____ Place: _____ Country: _____

Personal contact information from the domicile country (mandatory):

Address (street, house number, postal code and place): _____
Phone/GSM (with area code): _____
E-mail: _____

Contact information (if different from the indicated personal contact information from the domicile country – not mandatory):

Address (street, house number, postal code and place): _____
Phone/mobile phone number (with area code): _____
E-mail: _____

Contact person:

Name and surname: _____
Phone/GSM (with area code): _____
E-mail: _____
Note (company name): _____

2. Regulated profession, i.e. activity:

Name of professional qualification / regulated profession in the country of establishment: _____

I hereby request the recognition of the qualification for the performance of the following regulated profession from the Register of regulated professions, i.e. regulated activities in the Republic of Croatia:

(name and number from the Register of regulated professions, i.e. regulated professional activities in the Republic of Croatia)

Are you qualified for the performance of the above mentioned regulated profession in the country of origin (mark): YES NO

(if the answer is YES, please specify the appendix evidencing the qualifications and the name of the issuing institution)

Is the subject profession regulated in your country of origin? (please mark) YES NO

(if you answered YES, please specify the full name of the competent authority regulating the profession)

Is education enabling you to be active in the profession formally organized in your country of origin? (please mark) YES NO

Name of the regulated profession you shall perform in the Republic of Croatia: _____

Did you receive authorization to perform the regulated profession in another EU member state? YES NO

*If the answer is YES, please specify the name of the country and the full name of the competent authority issuing the authorization
(mandatory submission of evidence)*

3. Information on education and training:

Name of the educational institution in the origin language: _____

Address and country of the educational institution: _____

Professional title in the origin language (*please specify the full name*): _____

Professional title (*abbreviated*): _____ Duration of education and training: _____

Start of education (date): _____ Completion of education (date): _____

Number of ECTS points: _____ Level of education according to the EQF (*European Qualification Framework*): _____

Evidence of other qualifications: (*indicate which and submit*) YES NO

Acquired level of education according to the EQF – European Qualification Framework: (*please specify*)

- Elementary school – **Level 1** (8 years) Level 1 + professional training for simple tasks – **level 2**
 Unskilled worker – **Level 3** (1-2 years) Completed secondary education – **Level 4** (4 years)
 Professional study – **Level 5** (from 120 to 179 ECTS credits / more than 2, and less than 3 years)
 Undergraduate and professional study – **Level 6** (from 180 to 240 ECTS credits / 3 – 4 years)
 University graduate and specialist graduate and postgraduate specialist study – **Level 7** (1-2 years)
 Postgraduate *master* study – **Level 8** (2 years) Postgraduate *doctoral* study **Level 8** (3 and more years)

4. Knowledge of the Croatian language: (*please specify whether you speak Croatian*) YES NO

If you indicated YES, please specify the level of knowledge of the Croatian language A B C

Level of language proficiency: **A** – basic user/minimum knowledge; **B** – independent user; **C** – proficient user.

If you do NOT speak Croatian, please specify the personal information of the person whose translation services you intend to use when performing the regulated profession in civil engineering in the Republic of Croatia (**mandatory submission of a statement**)!

Name and surname: _____

Phone/GSM (*with area code*): _____

E-mail: _____

Company name: _____

5. Professional experience: self-employed: YES NO or employed person: YES NO

Start date of employment in the company: _____ until (date): _____

Full name of the company: _____

Address of the company: _____

Name of position: _____

Description of work: _____

E-mail: _____

Phone/GSM (*with area code*): _____

6. Legal seat/legal establishment in one or several countries:

Are you legally established in a member country for the performance of the profession stated in item 3.1? YES NO

If the answer is YES, indicate the country of legal establishment (*name of country*): _____

If the answer is NO, please clarify: _____

Is the profession regulated in the country of establishment? (*please specify*) YES NO

If the profession is not regulated in the country of establishment, have you performed services as service provider in that

country continuously or for at least 1 year in total in the last ten years? *(please specify)* YES NO

Are you a member of any professional association or a similar organization? *(please specify)* YES NO

If the answer is YES, please specify the full name and information about the association/organization, as well as the registration number:

Does the activity need to be approved by the competent authority in the country of seat? *(please specify)* YES NO

If the answer is YES, please specify the information on the competent authority:

7. Professional liability insurance *(do you own a professional liability insurance policy):* YES NO

Insurance company name: _____

Policy number/date of expiry _____

Type of coverage: _____

Territorial coverage: _____

8. Have you provided services in the Republic of Croatia: *from (date):* _____ *to (date):* _____

9. Please specify the profession you wish to perform in the Republic of Croatia *(description and type of work you would perform):*

I wish to perform the following work in the Republic of Croatia *(please specify only one option):*

design expert construction supervision construction manager works manager

10. Power of attorney: By signing the subject Application, I hereby authorize the subject person to take over on my behalf the documentation issued by the Chamber pursuant to the subject Request! **(mandatory submission of the power of attorney)!**

Name and surname of the authorized person: _____

Phone/GSM *(with area code):* _____

E-mail: _____

I declare with my signature, under criminal and material liability, that the above mentioned information, as well as all the submitted documentation and appendices to this Application, is true. I accept the obligation to perform works in accordance with the powers determined by the Act and the acts of the Chamber. I agree that my information from the Record/Directory of foreign chartered engineers be published.

In *(city):* _____ date: _____ Applicant's signature: _____

The terms used in this Statement, and have a gendered meaning, apply equally to male and female gender.

Documentation - the appendices are submitted in the Croatian language and copy of the original:

- evidence of citizenship** - a copy of a valid personal document *(passport and/or identity card)*
- university degree/certificate and supplement/certificate supplement**
- authorization for the performance of design and/or expert supervision of construction, construction management and works management** issued by the competent authority issuing the authorization for the performance of the regulated profession
- evidence that no measure of temporary or permanent revocation of the right to perform a profession has been imposed** issued by the competent authority, which issues the authority to perform a regulated profession *(not older than 6 months)*
- evidence of professional liability insurance for a minimum amount of =HRK 1,000,000.00** original and/or a copy of the professional liability insurance policy issued in the name and surname and valid on the territory of the Republic of Croatia and the EU
- statement on the knowledge of the Croatian language and/or statement on the use of the translation service** *(according to item 5)*
- certificate of employment in the EEA country, i.e. certificate of establishment in the EEA contracting state**
- one photo** *(as for a personal document - if delivered via e-mail only in jpg. format)*
- payment of the annual fee in the amount of HRK 3,300.00**

Croatian Chamber of Civil Engineers **SWIFT: ZABAHR2X IBAN: HR8323600001102087559** Zagrebačka banka d.d.

ENG - APPENDIX 1: PROFESSIONAL COMPETENCES OF THE APPLICANT FOR THE RESPONSIBLE PERSON

Name: _____ Surname: _____ Acquired professional title: _____

Note: only the assignments in the scope of construction or part of the building, which the applicant personally performed (expand the table if necessary) shall be entered into the table in detail for the last year as the responsible designer (**D**) and/or supervisory engineer at the construction site (**S**) and/or construction manager (**CM**) and/or works manager (**WM**)

No.	Assignment duration from MM/YYYY to MM/YYYY	Name of building or its part to which the assignment refers	Brief expert DESCRIPTION of the assignment and PERSONAL ROLE in the assignment (e.g. static calculation and dimensioning of construction; road route design; forming and dimensioning of construction; hydraulic calculation and dimensioning of pipelines and canals; dimensioning and calculation of foundations; geotechnical design, drainage system design (sewage and wastewater treatment device, water supply system design (conditioning device and water supply network) ... etc.)	Type of assignment (mark) DESIGN (D) SUPERVISION (S) CONSTRUCTION MANAGER (CM) WORKS MANAGER (WM)

Place and date: _____

Applicant's signature: _____