



**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-____-1

Annual renewal of the Statement for the 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: _____

2. Regulated profession, i.e. activity:

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

Name of 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. Knowledge of the Croatian language: (please specify whether you speak the Croatian language) 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 the Croatian language, 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: _____

4. 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): _____

5. 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: _____

6. 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 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
- payment of the annual fee in the amount of HRK 1,800.00**
 Croatian Chamber of Civil Engineers **SWIFT: ZABAHR2X IBAN: HR8323600001102087559** Zagrebačka banka d.d.