



HRVATSKA KOMORA INŽENJERA STROJARSTVA
CROATIAN CHAMBER OF MECHANICAL ENGINEERS
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DECLARATION (APPLICATION) ON THE PERFORMANCE OF ACTIVITIES
IN THE CAPACITY OF A RESPONSIBLE PERSON OF THE MECHANICAL ENGINEERING PROFESSION
IN THE REPUBLIC OF CROATIA ON AN OCCASIONAL OR TEMPORARY BASIS

FORM 22.1.

Date of submission:		Certificate number and date:		
CLASS:		CLASS:		
REG. NO.:		REG. NO.:		

The declaration refers to: (mark)

first performance of occasional/temporary services in the RoC

annual renewal of the application

1. PERSONAL DATA

NAME:	SURNAME:	
Gender:	Proof of citizenship (identity card or passport, <i>mark</i>)	
Passport or identity card number	Tax number of the applicant	
Date of birth:	Place of birth:	
Country of birth:	CITIZENSHIP:	
PERMANENT RESIDENCE (<i>mandatory</i>)		
Street and house number:		
Zip code:	City:	Country:
PERSONAL CONTACT INFORMATION (<i>mandatory</i>)		
Phone:	Cell phone:	
E-mail:		
CONTACT INFORMATION IN THE REPUBLIC OF CROATIA (<i>optional</i>)		
Street and house number:		
Zip code:	City:	Country:
Phone:	Cell phone:	
E-mail:		

Is the profession you perform regulated in the country of establishment?

YES

NO

2. REGULATED PROFESSION

Regulated profession you perform in the country of establishment:

- design,
- professional construction supervision,
- other

Name of your authorization (professional title) in the country of establishment

1. _____
2. _____
3. _____

Name of the regulated profession that you will perform in the Republic of Croatia: mark

- Chartered mechanical engineer (design and/or professional construction supervision)
- Other (specify)

Name of the regulated profession for which that you are requesting verification of professional qualification in the Republic of Croatia:

- Chartered mechanical engineer (design and/or professional construction supervision)
- Other (specify)

Are you qualified to perform the aforementioned regulated profession or activities in the EU Member State which you come from (circle)? YES / NO

Is formal education which enables you to perform the subject profession organized in the EU Member State which you come from (circle)? YES / NO

Data and estimated duration of performance of activities in the RoC

Date of first application:

Annual renewal of application (indicate the date): **from** **to**

3. EDUCATION AND TRAINING

Name of the educational institution (in original language):

Address of the educational institution:

Name of the completed study:

Acquired professional/academic title and **abbreviated title (mandatory)**

Graduation date:

Diploma number:

Place of graduation:

Country of graduation:

POSTGRADUATE SCIENTIFIC DEGREE:

Field of the master's degree:

Year of acquisition:

Doctoral field:

Year of acquisition:

OTHER PROFESSIONAL QUALIFICATIONS (PROFESSIONAL EXAM):

Indicate additional qualifications and the field for which you are additionally qualified:

4. PROFESSIONAL EXPERIENCE

Professional experience in performing the regulated profession in question, i.e. the regulated professional activity (fill in according to the table below in this declaration)

3. CONTACT INFORMATION OF THE COMPANY OF EMPLOYMENT (mandatory)

Name of the company:

Street and house number:

Zip code and city:

Company registration number

Phone:

Fax:

Cell phone:

E-mail:

Job title:

Date of employment:

Responsible person in the company:

6. POWER OF ATTORNEY:

By signing the application, I hereby authorize the person indicated below to take over the documentation issued by the Chamber on the basis of this application on my behalf.

Name and surname of the proxy:

Phone/cell phone number (with area code):

E-mail:

I WISH TO BE INFORMED ABOUT THE PROCEDURE VIA:

Mail: _____

Fax: _____

E-mail: _____

Proxy: _____

I WILL TAKE OVER THE CERTIFICATE FOR OCCASIONAL OR TEMPORARY PERFORMANCE OF ACTIVITIES IN THE CAPACITY OF A RESPONSIBLE PERSON OF THE MECHANICAL ENGINEERING PROFESSION IN THE REPUBLIC OF CROATIA (please circle):

1. In the Chamber

2. By mail (**please enter the correct delivery address**): _____

BY SIGNING THIS DOCUMENT, I HEREBY DECLARE:

1. UNDER CRIMINAL AND SUBSTANTIVE LIABILITY, THAT THE DATA PROVIDED ABOVE ARE TRUE, AS WELL AS THE DOCUMENTATION SUBMITTED AND ATTACHMENTS TO THIS APPLICATION;
2. THAT I AGREE THAT MY PERSONAL DATA, IN ACCORDANCE WITH THE PROVISIONS OF THE PERSONAL DATA PROTECTION ACT, MAY BE COLLECTED, PROCESSED AND STORED WITH THE CROATIAN CHAMBER OF MECHANICAL ENGINEERS
3. THAT I UNDERTAKE THE OBLIGATION TO PERFORM THE ACTIVITIES IN ACCORDANCE WITH THE AUTHORITIES ESTABLISHED BY THE LAW, CHAMBER DOCUMENTS, SPECIAL ACTS AND REGULATIONS ADOPTED ON THE BASIS OF THOSE ACTS;
4. THAT I AGREE WITH THE PUBLICATION OF MY OFFICIAL DATA FROM THE RECORDS OF THE CROATIAN CHAMBER OF MECHANICAL ENGINEERS

CROATIAN CHAMBER OF MECHANICAL ENGINEERS, Ulica grada Vukovara 271, Zagreb, is the controller with regard to your personal data. We collect your data, such as name, surname, gender, PIN, place and country of birth, citizenship, address, contact, place of work, occupation, level of education, name of the completed study, signature, etc., on the basis of law and other applicable regulations. Access to your personal data may be granted to a specially authorized person designated by the responsible person of the controller and/or another legal entity authorized by us. Transfers of personal data are carried out only for the purpose of meeting legal obligations. Your rights are as follows: right of access, right of rectification, right of erasure, right of restriction of processing, right of objection and right of data portability. If you believe that your rights are not being respected, you have the right to lodge a complaint with the Personal Data Protection Agency.

Place and date: _____ Personal signature: _____

The terms used in this Application in masculine gender are neutral and refer to men and women.

ATTACHMENTS (MANDATORY) IN CASE OF FIRST DECLARATION

-COPIES TRANSLATED INTO CROATIAN-

1. Copy of the proof of citizenship (valid personal document - identity card or passport),
2. Copy of excerpt from the register of marriages or Decision on the approval of change of name or surname (only in case of discrepancy between the name and/or surname in the attached documentation),
3. Copy of diploma/certificate,
4. Copy of proof of authorization to perform the regulated profession of mechanical engineering in the country you come from, which shall not be older than 6 months,
5. Proof of personal professional competencies - Work experience in the profession gained since graduation, according to the form below,
6. Proof of pursuing the profession in question for at least one year during the last ten years - in the event that the profession is not regulated in the home country or other Member State you come from, according to the form below
7. Proof of three years of professional experience in the territory of an EEA contracting party (in the case of education acquired in third countries and certified by that EEA contracting party, according to the form below)
8. Certificate of employment issued by the employer in an EEA country or certificate of establishment in an EEA contracting party
9. Copy of the certificate stating that no measure of temporary or permanent revocation of the right to pursue the profession in the home country has been imposed by the competent authority issuing the authorization, which shall not be older than 6 months,
10. Copy of the certificate of mandatory professional liability insurance valid for the territory of the Republic of Croatia **and issued to the name of the applicant** for a min. amount of HRK 1,000,000.00 (with details of insurance or any other means of personal or collective protection with regard to professional liability of the applicant)
11. Proof of payment of the costs of conducting the verification of foreign professional qualification and administrative costs of entry into the Directory of Foreign Certified Persons who have been issued a certificate for occasional or temporary performance of professional activities in the amount of HRK 3,800.00

Note:

The fee is increased by the amount of VAT for payments by legal or natural persons from the RoC.

In case of payment made by a legal or natural person from the EU or third countries, **the fee is not increased** by the amount of VAT, and it is necessary to submit the tax number of the payer who uses it when delivering or acquiring goods and services in the home country

PAYER TAX NUMBER _____

must be specified

**ATTACHMENT TO THE 1ST (FIRST) DECLARATION:
PROFESSIONAL COMPETENCIES OF THE APPLICANT**

Name:

Surname:

Acquired professional title

Note: only activities within the profession that you have personally performed (expand the table if needed) on the building or part of the building **within the last 2 years** in the capacity of a **responsible designer (D)** and/or a **supervising engineer at the construction site (S)** are entered in the table

No.	Duration of work within the profession from mm.yyyy to mm.yyyy	Name of the building or part thereof to which the work within the profession refers	Brief professional description of the work within the profession and the function of the applicant	Type of work (mark) DESIGN (D) SUPERVISION (S)

Place and date:

Personal signature:

ATTACHMENTS (MANDATORY) TO THE DECLARATION IN CASE OF ANNUAL RENEWAL

1. Certificate of mandatory professional liability insurance valid for the territory of the Republic of Croatia **and issued to the name of the applicant** for a min. amount of HRK 1,000,000.00 (with details of insurance or any other means of personal or collective protection with regard to professional liability of the applicant)

2. Proof of payment of administrative costs for re-issuance of a certificate of entry into the Directory of Foreign Certified Persons who have been issued a certificate for occasional or temporary performance of professional activities in the amount of HRK 1,800.00
3. The applicant is obliged to inform the Chamber on any change of circumstances in relation to the performance of activities within the regulated profession on the basis of which they are prevented from further provision of services by performing the regulated profession in the RoC

INSTRUCTIONS FOR PAYMENT OF FEES		
Recipient: Croatian Chamber of Mechanical Engineers		
Model 00	Account number HR5623600001102094156 SWIFT: ZABHR2X, Zagrebačka banka	Payment reference number: tax number of the payer
Payment description: Fee - name and surname of the applicant <ul style="list-style-type: none"> • The total one-off amount for the 1st (first declaration) is HRK 3,800.00 • The total one-off amount for the annual renewal is HRK 1,800.00 		