



HRVATSKA KOMORA INŽENJERA STROJARSTVA
CROATIAN CHAMBER OF MECHANICAL ENGINEERS
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APPLICATION FOR THE RECOGNITION OF FOREIGN PROFESSIONAL QUALIFICATIONS

Form 21.1.
FILLED IN BY CCME

Date of submission:		CLASS:	
CLASS:		REG. NO.:	251-503/____-____-____-____
REG. NO.:	251-503/____-____-____-____	Date of decision:	

1. PERSONAL DATA

NAME: _____ SURNAME: _____

Personal document (please mark):

ID card

Passport

Citizenship certificate

Personal document number: _____

Valid until (mm/yyyy): _____

Place of issuance of the personal document: _____

Country of issuance of the personal document: _____

(TIN - tax identification number / master citizen number)

Gender: M F Tax number: _____

Date of birth: _____

Place of birth: _____

Country of birth: _____

Citizenship: _____

Personal contact information in the home country (mandatory):

Street and house number: _____

Zip code: _____

City: _____

Country: _____

Contact information in the Republic of Croatia (optional):

Street and house number: _____

Zip code: _____

City: _____

Country: _____

PERSONAL CONTACT INFORMATION

Phone: _____

Cell phone (with area code): _____

E-mail address: _____

CONTACT INFORMATION OF THE COMPANY OF EMPLOYMENT

Name of the company of employment: _____

Phone: _____

Cell phone (with area code): _____

E-mail address: _____

CONTACT PERSON

Name and surname: _____

Phone: _____

Cell phone (with area code): _____

E-mail address: _____

Note (name of the company) _____

2. PROFESSIONAL ACTIVITIES

I hereby request the recognition of foreign professional qualification to perform the following activities (please mark only one option)

1. Activities of design and/or professional construction supervision
2. Construction management activities (site engineer and/or mechanical engineering works manager)
3. Project manager activities

Are you qualified to perform the aforementioned profession in the country which you come from (mark)? (please mark)

YES NO

(If you answered YES, please state the attachment proving the qualification and the name of the institution that issued it)

Is the subject profession regulated in the country you come from? (please mark)

YES NO

(If you answered YES, please state the full name of the competent authority that regulates the profession)

Is formal education which enables you to perform the subject profession organized in the country which you come from? (please mark)

YES NO

Have you carried out the procedure for recognition of foreign professional qualifications in another EU Member State? (please mark)

YES NO

If you answered YES, please state the name of the country and the full name of the competent authority that carried out the procedure (proof must be attached)

3. INFORMATION ON EDUCATION AND TRAINING

Name of the educational institution in original language: _____

Address and country of the educational institution: _____

Professional title in the original language and its **abbreviation**: _____

Duration of education and training: _____

Education start date: _____

Education completion date: _____

Acquired number of ECTS credits: _____

Level of education according to EQF (European Qualifications Framework): _____

Certificate issued by a competent authority on meeting the conditions for performing the regulated profession (attach proof):

YES NO

Other proof of formal education (attach proof):

YES NO

Proof of content and the course of training - areas and subjects (attach proof):

YES NO

Proof of other qualifications (specify which and attach proof):

YES NO

Acquired level of education according to EQF - European Qualifications Framework (please mark):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | primary school - Level 1 (8 years) |
| <input type="checkbox"/> | level 1 + professional training for simple jobs – Level 2 |
| <input type="checkbox"/> | lower professional qualification – 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 years 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 9 (3 and more years)

4. PROFESSIONAL EXPERIENCE (professional experience in performing the regulated profession):

Professional activity in the home

country: _____

Describe the professional experience: _____

Self-employed person:	YES	NO	or	Employed person:	YES	NO
from (date):	_____			to (date):	_____	
Full name of the company of employment:						

Job title:						

Job description:						

Self-employed person:	YES	NO	or	Employed person:	YES	NO
from (date):	_____			to (date):	_____	
Full name of the company of employment:						

Job title:						

Job description:						

5. NOTES (explain the reason for submitting the Application)

Along with the application for recognition of foreign professional qualifications, the applicant is obliged to attach the following documentation:

1. proof of citizenship (a copy of a valid personal document: valid ID card and/or valid passport and/or citizenship certificate)
2. proof of completed formal education or proof of formal qualification or supplementary document on completed study (copy of the diploma/certificate and diploma/certificate supplement)
3. proof of professional qualification or certificate of competence (proof of certification to perform the regulated profession of mechanical engineering in the country which you come from, which shall not be older than 6 months, certificate issued by the Chamber or other competent authority in accordance with the national legal regulations)
4. proof of professional experience or a certificate issued by an employer regarding acquired work experience in professional jobs for which recognition is applied for
5. proof that no measure of temporary and/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
6. proof of fee/procedure costs payment in the amount of 400.00 € / HRK 3.013,80 (the fee is increased by the amount of VAT for payments by legal or natural person from the RoC)

Nationals of an EEA country whose mechanical engineering profession for which they are seeking recognition is not a regulated profession in the home country or if education and professional training leading to that profession in the home country are not regulated are obliged to attach the following as well:

1. proof of a minimum level of professional qualification that directly precedes the level of qualification required in the Republic of Croatia
2. proof of qualification for performing the regulated mechanical engineering profession
3. proof of the employer from the country of establishment that the person has performed the subject mechanical engineering profession on full-time or part-time basis for the total duration of at least one year in the last ten years in an EEA country where the subject profession is not regulated.

The Chamber will allow access to the professional activity and performing the professional activity under the same conditions that apply to citizens of RoC, when the foreign candidate submits the following:

1. proof that a professional qualification has been acquired in the third country
2. proof of three years of professional experience as an employed or self-employed person in the performance of the regulated mechanical engineering profession in the territory of the EEA country that has recognized the formal qualification acquired in a third country by allowing the performance of the regulated mechanical engineering profession within its territory and according to applicable regulations.

The applicant submits all proof in a certified translation into the Croatian language and certified copies, while the original document is submitted only at the request of an official.

The Chamber reserves the right to request other documents/data that may be relevant for the procedure of recognition of foreign professional qualifications.

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 stated

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.

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: _____

Place and date: _____ Personal signature: _____

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

INSTRUCTIONS FOR FEE PAYMENT

RECIPIENT: **CROATIAN CHAMBER OF MECHANICAL ENGINEERS**

Model: **00**

Account number: **HR5623600001102094156**
SWIFT: ZABAHR2X, Zagrebačka banka

Payment reference number:
TAX NUMBER
OF THE APPLICANT

Description of payment: **FEE – NAME AND SURNAME OF THE APPLICANT**