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APPLICATION FOR ENTRY INTO THE DIRECTORY OF FOREIGN CERTIFIED PERSONS OF THE MECHANICAL ENGINEERING PROFESSION

Form 4

FILLED IN BY CCME

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

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: _____

Gender: **M** **F** Tax number: _____ (TIN - tax identification number / master citizen number)

Date of birth: _____ Place of birth: _____

Country of birth: _____ Citizenship: _____

PERMANENT RESIDENCE

Street and house number: _____

Zip code: _____ City: _____ Country: _____

TEMPORARY RESIDENCE

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: _____

**2. 2.1. REGULATED PROFESSION (chartered mechanical engineer)
2.2. ACTIVITY (construction management activity: site engineer and mechanical engineering works manager)
- mark the works for which you are applying to be entered in the Directory -**

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

Are you qualified to perform the aforementioned profession in the country which you come from? (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 which 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 been authorized to perform the regulated profession 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 issued the authorization (proof must be submitted)

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 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): **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 tasks – Level 2
<input type="checkbox"/>	lower professional qualification – Level 3 (1-2 years)
<input type="checkbox"/>	completed secondary education – Level 4 (4 years)
<input type="checkbox"/>	professional study – Level 5 (from 120 to 179 ECTS credits / more than 2 years and less than 3 years)
<input type="checkbox"/>	undergraduate and professional study – Level 6 (from 180 to 240 ECTS credits / 3 - 4 years)
<input type="checkbox"/>	university graduate and specialist graduate and postgraduate specialist study – Level 7 (1-2 years)
<input type="checkbox"/>	postgraduate master study – Level 8 (2 years)
<input type="checkbox"/>	postgraduate doctoral study – Level 9 (3 and more years)

4. KNOWLEDGE OF THE CROATIAN LANGUAGE

I can speak Croatian (please mark the degree of knowledge of the language):

A B C

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

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

Self-employed person: YES NO or Employed person: YES NO
from (date): _____ to (datum): _____

Full name of the company of employment: _____

Job title: _____

Job description: _____

6. Please indicate the professional works which you performed in the field of design and/or professional construction supervision and/or construction management activities (site engineer or mechanical engineering works manager)

7. POWER OF ATTORNEY By signing this Declaration, 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: _____

Proof of formal education and certificate of completed professional examination for carrying out construction works, and other relevant certificates of completed professional examination acquired in the territory of the former Yugoslavia before 8 October 1991 are equal in legal effect to the relevant certificates acquired in the Republic of Croatia.

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.

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 CCME;**
- 3. THAT I AM FAMILIAR WITH THE LAWS REGULATING THE PERFORMANCE OF ACTIVITIES IN THE FIELD OF PHYSICAL PLANNING AND BUILDING, THE STATUTE AND OTHER ACTS OF THE CROATIAN CHAMBER OF MECHANICAL ENGINEERS;**
- 4. 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;**
- 5. THAT I AGREE WITH THE PUBLICATION OF MY OFFICIAL DATA FROM THE CCME DIRECTORY.**

Place and date: _____

Personal signature: _____

Necessary documentation:

proof of citizenship - a copy of a valid personal document (passport and/or identity card) or citizenship certificate

<input type="checkbox"/>	decision issued by the CCME on the recognition of foreign qualifications
<input type="checkbox"/>	proof of registered temporary residence or residence in RoC
<input type="checkbox"/>	proof that no measure of temporary or permanent revocation of the right to pursue the regulated profession has been imposed by the competent authority in the home country, which shall not be older than 6 months
<input type="checkbox"/>	proof of completed professional examination in RoC
<input type="checkbox"/>	declaration or proof of knowledge of the Croatian language for the purposes of performing the profession in the Republic of Croatia
<input type="checkbox"/>	proof of the registration fee payment in the amount of 265,45 € / HRK 2,000.00

For design activities, please enclose an Application for the Issuance of a Corporate Card
<https://www.hkis.hr/sadrzaj/obrasci/>

The terms used in this Application that are gender-specific shall apply equally to the male and female gender.

PAYMENT INSTRUCTIONS		
Recipient: CROATIAN CHAMBER OF MECHANICAL ENGINEERS		
Model: 00	Account number: HR5623600001102094156 SWIFT: ZABAHR2X, Zagrebačka banka	Payment reference number: PIN OF THE APPLICANT
Payment description: REGISTRATION FEE - NAME AND SURNAME OF THE APPLICANT		

Note:

The application is completed in the Croatian language

The documentation is submitted translated into Croatian and in copies, while the original document is submitted only at the request of an official.

Entry conditions:

A natural person who has the right to perform design and/or professional construction supervision activities or construction management activities in a foreign country has the right to, on the assumption of reciprocity, perform these activities on a permanent basis, in the capacity of a certified person and under the same conditions as the citizens of RoC if they have acquired the professional qualifications required to perform these activities, in accordance with the regulation governing the recognition of foreign professional qualifications and other special regulations.

1. A foreign certified natural person has the right to perform professional activities in the RoC on a permanent basis, provided that they are entered in the Directory of Foreign Certified Persons.
2. A foreign natural person who cumulatively meets the conditions specified below has the right to entry into the Directory:
 - they have acquired professional qualifications required to perform these activities in accordance with the regulation governing the recognition of foreign professional qualifications, which is proven by a decision of the Chamber on the recognition of foreign professional qualifications for the applicant,
 - the presumption of reciprocity is fulfilled (it does not apply to nationals of a contracting party of the European Economic Area and a member state of the World Trade Organization),
 - no measure of temporary or permanent revocation of the right to pursue the profession has been imposed in the home country.

By virtue of the decision on entry in the Directory of Foreign Certified Persons, the applicant acquires all the rights and obligations of a member of the Chamber in accordance with the regulation governing association in the Chamber, regulations adopted on the basis of that regulation and general acts of the Chamber.

- Attachment to the Application for Entry into the Directory of Foreign Certified Persons of the Mechanical Engineering Profession -

LIST OF PROFESSIONAL ACTIVITIES IN CHRONOLOGICAL ORDER
*which the applicant performed as part of their work on professional activities
in the last 2 years (24 months)*
The list of professional activities must be certified by the applicant's signature.

No.	Name of the building, location	Duration of work on professional tasks from month/year to month/year	Position of the applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
TOTAL:			

By personally signing the "List of professional activities in chronological order", I declare, under criminal and substantive liability, that the specified data are true.

Place and date: _____

Personal signature: _____