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| http://www.cyprus.gov.cy/portal/portal.nsf/0/64b48afa606d5553c22570360021f4a4/Text/8.30D2?OpenElement&FieldElemFormat=jpg |  |  | logo |
| REPUBLIC OF CYPRUS  MINISTRY OF TRANSPORT, COMMUNICATIONS AND WORKS |  |  | DEPARTMENT OF ELECTRICAL  AND MECHANICAL SERVICES |

Implementation of Law 31(I)/2008 of the Republic of Cyprus concerning the

Recognition of Professional Qualifications and

Related issues (Directive 2005/36/EC)

**DECLARATION FORM**

ACCORDING TO ARTICLE 11(1)

CONCERNING THE TEMPORARY PROVISION OF SERVICES

IN THE REPUBLIC OF CYPRUS

**ELECTRICITY REGULATIONS 1941-2019**

**ELECTRICAL PROFESSIONS**

Declaration pursuant to Article 11(1)

Concerning the temporary provision of servises1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | This declaration concerns: | | | | | | | | | | | | | | | | | | | | |
|  |  | A first provision of services in the Republic of Cyprus (please complete sections 2 to 6. | | | | | | | | | | | | | | | | | | | |
|  |  | An annual renewal of the delcaration2 (please complete sections 2 to 5 and 7) | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | |
| 2. | Identity of applicant: | | | | | | | | | | | | | | | | | | | | |
|  | 2.1. First name(s) and surname(s)  2.2. Nationality(ies): | | | | | | | | | | | | | | | | | | | | |
|  |
|  | a AT | | | | BE | BG | CY | | | CZ | | | DE | | DK | | EE | | EL | | ES | | |
| FI | | | | FR | HR | HU | | | IE | | | IT | | LT | | LU | | LV | | MT | | |
| NL | | | | PL | PT | RO | | | SI | | | SK | | SE | | UK | | IS | | LI | | |
|  | NO CH | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |
|  | Other(s) | | | | | | | | | | | | | | | | | | | | |
|  | 2.3. | | Passport number: | | | | |  | | | Country: | | | | | | | | | | |
|  |  | |  | | | | |  | | | Country: | | | | | | | | | | |
|  |  | |  | | | | |  | | | Country: | | | | | | | | | | |
|  | 2.4. | | Gender: | | | | | Male | | | Female | | | | | | | | | | |
|  | 2.5. | | Date of birth: | | | | |  | | |  | | | | | | | | | | |
|  | 2.6. | | Place of birth: | | | | | Town: | | | | | | | | | | | | | |
|  |  | | |  | |  | |  |  | | |  | |  | |  | |  | |  | |
|  | a AT | | | | BE | BG | CY | | | CZ | | | DE | | DK | | EE | | EL | | ES | | |
| FI | | | | FR | HR | HU | | | IE | | | IT | | LT | | LU | | LV | | MT | | |
| NL | | | | PL | PT | RO | | | SI | | | SK | | SE | | UK | | IS | | LI | | |
|  | NO CH | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |
|  | Other | | | | | | | | | | | | | | | | | | | | |
|  | 2.7. | | Contact details in Member State of establishment (compulsory): | | | | | | | | | | | | | | | | | | |
|  |  | | Andress: | | | | | | | | | | | | | | | | | | |
|  |  | | Telephone no. (with dialling codes): | | | | | | | | | | | | | | | | | | |
|  |  | | Fax (with dialling codes): | | | | | | | | | | | | | | | | | | |
|  |  | | E-mail: | | | | | | | | | | | | | | | | | | |
|  | 2.8. | | Contact details in the Republic of Cyprus (facultative): | | | | | | | | | | | | | | | | | | |
|  |  | | Andress: | | | | | | | | | | | | | | | | | | |
|  |  | | Telephone no. (with dialling codes): | | | | | | | | | | | | | | | | | | |
|  |  | | Fax (with dialling codes): | | | | | | | | | | | | | | | | | | |
|  |  | | E-mail: | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | |  | | |  | | | | | | | | | | |

1 Please keep a copy of this declaration. You will be required to produce it for the provision of future services.

2 Please attach a copy of the previous declaration and of the first declaration made.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. | Profession concerned: | | | | | | | | | | | |
|  | 3.1. | | Profession pursued3 in the Member State in which you are established4: | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  |  | | Profession for which you are applying to gain access to in the Republic of Cyprus: | | | | | | | | | |
|  |  | |  | | | | | | | | | |
| 4. | Legal establishment in one or more Member States: | | | | | | | | | | | |
|  | For the purposes of this declaration, “legal establishment” refers to the pursuit of the profession in compliance with the rules relating to professional qualifications, including the related training conditions, and all the rules specific to the pursuit of the profession. Legal establishment precludes any prohibition, albeit temporary, from pursuing the profession. For holders of third country qualifications, the legal establishment which may give rise to the provision of services also entails professional experience of at least three years on the territory of a Member State which has recognized the qualifications in accordance with its national legislation, and certified by it (cf Article 3(3) of Directive 2005/36/EC). | | | | | | | | | | | |
|  | 4.1. | | Are you legally established in a Member State to pursue the profession referred to in 3.14 | | | | | | | | | |
|  |  | | Yes No | | | | | | | | | |
|  |  | | If you answered yes, in which Member State are you legally established4? | | | | | | | | | |
|  | | a AT | | BE | BG | CY | CZ | DE | DK | EE | EL | ES | | |
| FI | | FR | HR | HU | IE | IT | LT | LU | LV | MT | | |
| NL | | PL | PT | RO | SI | SK | SE | UK | IS | LI | | |
|  | | NO CH | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |
|  |  | | If no, please explain: | | | | | | | | | |
|  | 4.2. | | Is this profession regulated in the Member State in which you are established4? | | | | | | | | | |
|  |  | | |  | | --- | | Yes No |   If it is regulated, please go to guestion 4.4. | | | | | | | | | |
|  |  | | Any comments: | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |

3 Please indicate the title of the profession in the language of the Member State in which you are established and in the language of the Republic of Cyprus or, if not, in English, French or German.

4 If you are established in more than one Member State, please supply the information for each of the Member States in question.

|  |  |  |
| --- | --- | --- |
|  | 4.3. | If the profession referred to in 3.1 is not regulated in the Member State in which you are established and you have not undergone regulated education and training leading to the profession in 3.15, have you acquired for that profession professional experience of at least one year during the last ten years on the territory of that Member State? |
|  |  | Yes No |
|  |  | Any comments: |
|  | 4.4. | Do you belong to a professional association or an equivalent body? 5 |
|  |  | Yes No |
|  |  | If your answer is yes, please indicate which one, giving the relevant contact details and your registration number. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Are you subject to authorization or supervision by a competent administrative authority? 5 |
|  |  | Yes No |
|  |  | If your answer is yes, please indicate which one, giving the relevant contact details and your registration number. |
|  |  |  |
|  |  |  |
| 5. | Professional insurance | |
|  | 5.1. | Do you have any insurance cover or other means of personal or collective protection with regard to professional liability arising from the pursuit of the profession referred to in 3.1? 5 |
|  |  | Yes No |
|  |  | If yes, please provide the following details of your insurance cover: |
|  |  | Name of the insurance company: |
|  |  | Number of contract: |
|  |  | Any comments: |

5 If you are established in more than one Member State, please supply the information for each of the Member States in question.

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| 6. | Supporting documents annexed to this declaration | |
|  | 6.1. | Please tick the document(s) which accompany this declaration: |
|  |  | Proof of nationality |
|  |  | Attestation of legal establishment |
|  |  | Evidence of professional qualifications |
|  |  | Proof of one-year professional experience6 |
|  |  | Evidence of no criminal convictions7 |
| 7. | Renewal information8 | |
|  | 7.1. | What period(s) did you provide services in the Republic of Cyprus? |
|  |  | From / / to / / |
|  |  | From / / to / / |
|  |  | From / / to / / |
|  |  | From / / to / / |
|  |  | From / / to / / |
|  |  | Any comments: |
|  | 7.2. | Please indicate the professional activities carried out during the periods you provided services. |
|  |  |  |
|  |  |  |
| 8. | Other comments | |
|  |  | |
|  |  | |

6 To be completed only if the profession is not regulated in the Member State of establishment

7 To be completed only if required by the competent authority of the profession

8 This information will be retained by the competent authority to monitor service provision.

Glossary of Country codes where the Professional Qualifications Directive is applied EU Countries, EEA Countries and Switzerland

|  |  |  |
| --- | --- | --- |
| Α. | EU MEMBER STATES |  |
|  |  |  |
| 1) | AUSTRIA | ΑΤ |
| 2) | BELGIUM | ΒΕ |
| 3) | BULGARIA | BG |
| 4) | CROATIA | HR |
| 5) | CYPRUS | CY |
| 6) | CZECHIA | CZ |
| 7) | DENMARK | DK |
| 8) | ESTONIA | EE |
| 9) | FINLAND | FI |
| 10) | FRANCE | FR |
| 11) | GERMANY | DE |
| 12) | GREECE | GR |
| 13) | HUNGARY | HU |
| 14) | IRELAND | IE |
| 15) | ITALY | IT |
| 16) | LATVIA | LV |
| 17) | LITHUANIA | LT |
| 18) | LUXEMBOURG | LU |
| 19) | MALTA | MT |
| 20) | NETHERLANDS | NL |
| 21) | POLAND | PL |
| 22) | PORTUGAL | PT |
| 23) | ROMANIA | RO |
| 24) | SLOVAKIA | SK |
| 25) | SLOVENIA | SI |
| 26) | SPAIN | ES |
| 27) | SWEDEN | SE |
| 28) | UNITED KINGDOM | UK |
|  |  |  |
| B. | EUROPEAN ECONOMIC AREA (EEA) COUNTRIES AND SWITZERLAND | |
|  |  |  |
| 1) | ISLAND | IS |
| 2) | LIECHTENSTEIN | LI |
| 3) | NORWAY | NO |
|  |  |  |
|  | SWITZERLAND | CH |