ANNUAL TECHNICAL CERTIFICATION

Messrs. Automobile Club d'Italia Federazione Sportiva Nazionale Automobilistica via Solferino 32 00185- Roma

ANNUAL TECHNICAL CERTIFICATION

surname:	, the undersigned, hold	ler of passport number:			
identity document (indicate the type of document): number: issued by valid until (Please attach a copy of the document) (Legal persons only) company owner: VAT identification number: holder of the valid ACI (ASN) Sport license No.: aware of sporting sanctions DECLARE Under my own responsibility that the car corresponding to the aforementioned passport has no undergone any changes or accidents and, if it had suffered any, that the car has been restored to perfection and in full compliance with the sporting/technical regulations. I further declare to be perfection and in full compliance with the sporting/technical regulations. I further declare to be perfected and in full compliance with the sporting/technical regulations. I further declare to be ordered to a specific	surname:	name	e:		
number:	place and date of b	irth:			
Valid until	identity document	(indicate the type of document): _			
(Legal persons only) company owner: VAT identification number: holder of the valid ACI (ASN) Sport license No.: aware of sporting sanctions DECLARE Under my own responsibility that the car corresponding to the aforementioned passport has no undergone any changes or accidents and, if it had suffered any, that the car has been restored to perfection and in full compliance with the sporting/technical regulations. I further declare to be award having given the consent at the time of the sports affiliation, that the personal data collected will be processed, also with IT tools, as part of the procedure for which this declaration is made. Yours faithfully, (place and date) (signature of the passport holder) (NTC signature and stamp as receipt) CERTIFICATE OF PROXY HOLDER the undersigned (in) postcode dentity document No. as holder of the passport DELEGATE born in. postcode dentity document No. solution in postcode	number:	issued by_	0	n	
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to deliver this certification to a National Technical Commissioner. Place and Date				tax 000 0	
lace and Date	sued by				
Signature of the delegator Signature of the delegate		to deliver this certification to a Nation	iai Technicai Commissioner.		
	Place and Date				

This proxy is valid if signed in full and legibly by the delegating party and the delegate, and if accompanied by a photocopy of the identification document and the tax code / health insurance card of both the delegator and the delegate.

All photocopies must be signed in full and legibly by the delegator.