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EU Digital Passenger Locator Form (dPLF) – Please fill this form in English

Destination

Select your final destination country

 Italy/IT ✕

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Transportation Type

Please select how you will be travelling

Ground (Bus / Train / Car / Other Vehicle)

Aircraft

Cruise Ship / Pleasure Craft

Ferry Ship

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Before you begin

I will fill out and submit the form completely, correctly, and truthfully.

[ITALY] Privacy Notice

Our contact details

Name: Direzione Generale della Prevenzione – Ministero della Salute
Address: Viale Giorgio Ribotta, 5, 00144 Roma Italia
E-mail: coordinamento.usmafsasn@sanita.it

The type of personal information we collect

We currently collect and process the following information: Travelers and individuals related to transport

I have read the Privacy Notice

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EU Digital Passenger Locator Form (dPLF) – Please fill this form in English

Ground Transportation Type

Please check if you are travelling as a member of a group and / or with your family

Please select which ground transport will you be using

- Bus
- Train
- Car / Other Vehicle

Please fill in the information with regards to your transportation
Please fill in the information with regards to your transportation

Bus Company

HELLO HOLIDAYS

Bus Plate Number (Optional)

VL 15 HLO

Boarding Country / Place

 Romania/RO

Station of Boarding

ACADEMIA MILITARA

Date/time of Departure

2021-07-11 00:00

Timezone: Europe/Bucharest (UTC+03:00)

Seat Number (Optional)

Seat Type (Optional)

Point of Entry (PoE) of destination country

Date/time of Arrival

 Timezone: Europe/Rome (UTC+02:00)

Intermediate Stations

Please enter all the intermediate stations.

[ADD INTERMEDIATE STATION](#)

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EU Digital Passenger Locator Form (dPLF) – Please fill this form in English

Personal Information

Personal Information

Last (family) name

First (given) name

Sex (Optional)

Male

Female

Other

Date of Birth

1996-12-04

Type of ID Document used for travel (Optional)

ID Card

Passport

ID Card Number (Optional)

123456

Phone number(s) where you can be reached if needed.

Primary Telephone Number

Enter a plus sign (+) followed by your country code and your phone number, e.g. +306989123456.

+400784200199

Other Telephone Number (Optional)

Enter a plus sign (+) followed by your country code and your phone number, e.g. +306989123456.

+400784200199

Other Telephone Number (Optional)

Enter a plus sign (+) followed by your country code and your phone number, e.g. +306989123456.

Email Address

Enter your username/mailbox name followed by the @ symbol and the domain name, e.g. jsmith@example.com.

circuite1@helloholidays.ro

Continue

Contact e-mail: sudplf@healthygateways.eu

[Cookies Settings](#) [Cookies Policy](#) [Privacy Policy](#)

Destination Transportation Type Before you begin Travel Information **Personal Information** Permanent Address Family Companions Other Companions Emergency Contact Declaration

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EU Digital Passenger Locator Form (dPLF) – Please fill this form in English

Permanent Address

Please fill in the address of your permanent residence

Country

 Romania/RO

X

State / Province (Optional)

Bucuresti/B

City

Bucuresti

ZIP / Postal Code

0000000

Street

STRADA BARBU VACARESCU, NR 111

Street Number / House number

111

Apartment Number (Optional)

Please check if your temporary address is the same with your permanent address

Previously Visited Countries

If in the 14 days prior to your arrival you have stayed in a country (not transit) other than your permanent address, declare below the countries/cities where you stayed

ADD PREVIOUSLY VISITED COUNTRY

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Temporary Address(es)

If, in the next 14 days, you will not be staying at the permanent address you declared in the previous step, fill the places where you will be staying. (If you are a visitor, write only the first place where you will be staying)

Temporary Address 1

Address Type

Hotel / Guesthouse

Country

 Italy/IT

State / Province (Optional)

Select State / Province

City (Optional)

Hotel Name

Street

Street Number / House number (Optional)

ZIP / Postal Code (Optional)

Someone who can reach you during your trip.

Last (family) name (Optional)

First (given) name (Optional)

Country (Optional)

City (Optional)

Mobile Phone Number (Optional)

Enter a plus sign (+) followed by your country code and your phone number, e.g. +306989123456.

+400784299876

Other Telephone Number (Optional)

Enter a plus sign (+) followed by your country code and your phone number, e.g. +306989123456.

Email Address (Optional)

Enter your username/mailbox name followed by the @ symbol and the domain name, e.g. jsmith@example.com.

circuite1@helloholidays.ro

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Declaration according the art. 50 of DPCM 02/03/21 to enter Italy

Date of Birth

1996-12-04

Place of Birth

CRAIOVA

Country

 Romania/RO



Province

Dolj/DJ

Citizenship

ROMANIA

I am aware I shall be liable to prosecution if any statement to a public officer is found to be false, pursuant to art. 46 and 47 D.P.R. n 445/2000

I also hereby declare, under my own responsibility, that even as a parent or guardian of the minor/s listed below

Minor(s)

ADD

[I am aware of the containment measures of COVID-19 in force in Italy and, specifically adopted in accordance with the Decree of the President of the Council of Ministers March 2nd, 2021](#)

I have been / transit in the following countries and territories in the last 14 days:

I will enter in the following Italian Region

Travelling from a Country of the List?

[Check in which List is your departure country](#)

List C (EU/EEA/Israel/Canada/Japan/US)

UK

List D

List E

Please select one of the choices below

I'm in one of the exemptions provided by the art. 51 of the DPCM of 02/03/21

I will present a valid certificate of:

- completion of the full vaccination cycle with an EMA-approved vaccine at least from 14 days ago
- recovery from COVID-19, with concomitant cessation of prescribed isolation following SARS-CoV-2 infection
- a performed a rapid antigenic or molecular test with a negative result for SARS-CoV-2 within 48 hours prior to entry into the country

Preview

Submit