


CERTIFICATION OF THE MEMBER STATE* (applicable only for ASR and for beneficiaries established in the European Union)	
Name	██████████
Position	██████████
Entity	Ministero delle Infrastrutture e dei trasporti
Telephone N°	██████████
E-mail	██████████
<p>In compliance with Article II.23.1 (or SESAR FPA II.23.1b) of the GA, it is certified that the information provided by the following Beneficiary(ies) in the ASR is full, reliable and true.</p> <p>X Ministero delle infrastrutture e dei trasporti</p>	
Date and signature	
Stamp (optional)	

* In line with the terms of Art. 22 of the CEF Regulation