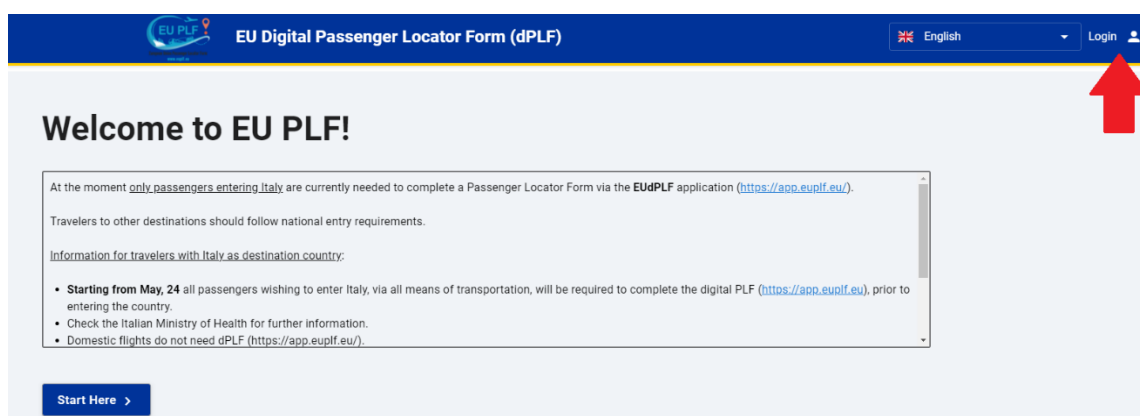


Instrukcja wypełniania formularza przed wyjazdem do Włoch (AUTOKAR LUB DOJAZD WŁASNY)

1. Jeżeli podróżuje rodzina wystarczy, że jedna z osób dorosłych wypełni formularz i doda członków rodziny.
2. Wejdź na stronę <https://app.euplf.eu/>.
3. Zarejestruj się.



Please login in order to complete your existing PLF or click [here](#) to fill in a new one.

[← Back](#)

EU Digital Passenger Locator Form (dPLF)

Login

Travellers must **register** to the EU dPLF web application by providing a valid email address and a password. Travellers will receive a confirmation email in the email address they provided. To validate and complete the registration travellers must click on the link sent to the declared email address.

Email

Password

The password should contain at least 6 characters

[Login](#)

 [Register](#) | [Reset Password](#)

5. Zaloguj się do konta używając maila i stworzonego przez siebie hasła.

Your account has been activated. You can now login by using your credentials.

[← Back](#)

EU Digital Passenger Locator Form (dPLF)

Login

Travellers must **register** to the EU dPLF web application by providing a valid email address and a password. Travellers will receive a confirmation email in the email address they provided. To validate and complete the registration travellers must click on the link sent to the declared email address.

Email

Password

The password should contain at least 6 characters

[Login](#)

[Register](#) | [Reset Password](#)

6. Rozpocznij wypełnianie formularza.

Welcome to EU PLF!

At the moment only passengers entering Italy are currently needed to complete a Passenger Locator Form via the **EUdPLF** application (<https://app.euplf.eu/>).

Travelers to other destinations should follow national entry requirements.

Information for travelers with Italy as destination country:

- **Starting from May, 24** all passengers wishing to enter Italy, via all means of transportation, will be required to complete the digital PLF (<https://app.euplf.eu/>), prior to entering the country.
- Check the Italian Ministry of Health for further information.
- Domestic flights do not need dPLF (<https://app.euplf.eu/>).

[Start Here >](#)



[← Back](#)

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

Destination

Select your destination country

ITALY/IT

[Continue](#) 

7. Wybierz sposób przekraczania granicy.

[← Back](#)

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

Transportation Type

Please select how you will be travelling

- Ground (Bus / Train / Car / Other Vehicle) **PROSZĘ ZAZNACZYĆ JEŻELI WYCIECZKA AUTOKAROWA LUB DOJAZD WŁASNY**
- Aircraft **PROSZĘ ZAZNACZYĆ, JEŻELI WYCIECZKA LOTNICZA**
- Cruise Ship
- Ferry Ship

[Continue](#) 

← Back

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

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
Phone Number: +39 06 59942878
E-mail: segr.dgprev@sanita.it, dgprev@postacert.sanita.it

The type of personal information we collect



I have read the Privacy Notice

Continue



8. Informacje dotyczące podróży – AUTOKAR.

← Back

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

Bus Company

RAINBOW TOURS

Bus Plate Number (Optional)

Boarding Country

POLAND/PL

Station of Boarding / City

STACJA WYJAZDU (MOŻNA WYBRAĆ "OTHER" I WPISAĆ RĘCZNIE)

Date/time of Departure

DATA I GODZINA WYJAZDU

Timezone: UTC (UTC+00:00)

Seat Number (Optional)

--

Seat Type (Optional)

--

Point of Entry (PoE) of destination country

ZALEŻNE OD WYBRANEGO OBJAZDU (SZCZEGÓŁY U SPRZEDAWCY)

Date/time of Arrival

PLANOWANA DATA I GODZINA PRZYJAZDU Timezone: Europe/Rome (UTC+02:00)

PROSZĘ WPISAĆ 22:30 TEGO SAMEGO DNIA CO WYJAZD

Intermediate Stations

Please enter all the intermediate stations.

ADD INTERMEDIATE STATION

Continue




9. Informacje dotyczące podróży – DOJAZD WŁASNY.

[← Back](#)

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

 **PROSZĘ ZAZNACZYĆ, JEŻELI
PODRÓŻUJESZ Z RODZINĄ**

Please select which ground transport will you be using

Bus

Train

Car / Other Vehicle

Please fill in the information with regards to your transportation

Car / Other Vehicle Plate Number (Optional)

NUMERY REJESTRACYJNE AUTA

Boarding Country

KRAJ WYJAZDU

Datetime of Departure

DATA I GODZINA WYJAZDU

Timezone: UTC (UTC+00:00)

Station of Arrival (Final)

This field is required

Select station REGION POBYTU

Datetime of Arrival in the country

PLANOWANA DATA I GODZINY PRZYJAZDU

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

Intermediate Stations

Please enter all the intermediate stations.

[ADD INTERMEDIATE STATION](#)

[Continue](#)



10. Dane osobowe.

Destination Transportation Type Before you begin **Travel Information** Personal Information Permanent Address Temporary Address(es) Emergency Contact

[← Back](#)

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

Personal Information

Personal Information

Last (family) name

NAZWISKO

First (given) name

IMIĘ

Sex (Optional) PLEĆ

- Male MĘŻCZYZNA
- Female KOBIEITA
- Other INNA

Date of Birth

DATA URODZENIA

ID Document Type (Optional) RODZAJ DOKUMNETU, Z KTÓRYM BĘDZIESZ PODRÓŻOWAĆ

ID Card DOWÓD OSOBISTY

Passport PASZPAORT

ID Card Number (Optional)

SERIA I NUMER DOKUMNETU

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.

NUMER TELEFONU (Z KIERUNKOWYM +48)

Other Telephone Number

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

NUMER TELEFONU OSOBY DO KONTAKTU (Z KIERUNKOWYM +48)

Email Address

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

ADRES EMAIL

[Continue](#)

11. Dane teleadresowe (BEZ POLSKICH ZNAKÓW I ZNAKÓW SPECJALNYCH NP. MYŚLNIK W KODZIE POCZTOWYM).

Destination Transportation Type Before you begin Travel Information **Personal Information** Permanent Address Temporary Address(es) Emergency Contact

[← Back](#)

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

Permanent Address

Please fill in the address of your permanent residence

Country

KRAJ ZAMIESZKANIA

State / Province (Optional)

Select State / Province WOJEWÓDZTWO

City

MIASTO

ZIP / Postal Code

KOD POCZTOWY

Street

ULICA

Street Number

NUMER BUDYNKU

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](#)

[Continue](#)

12. Jeżeli w ostatnich 14 dniach byłeś zagranicą wprowadź informację jakie to były kraje.

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

Country

KRAJ

State / Province (Optional)

Select State / Province WOJEWÓDZTWO/STAN/LAND

Region (Optional)

PROWINCJA/GMINA

City (Optional)

MIASTO

ADD PREVIOUSLY VISITED COUNTRY

REMOVE PREVIOUSLY VISITED COUNTRY 1



ZAZNACZ, JEŻELI ODWIEDZIŁEŚ WIĘCEJ NIŻ JEDEN KRAJ W OSTATNICH 14 DNIACH

13. Informacje dotyczące pobytu.

Destination Transportation Type Before you begin Travel Information Personal Information Permanent Address Temporary Address(es) Emergency Contact

[← Back](#)

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

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

TYP ZAKWATEROWANIA: "HOTEL"

Country

KRAJ: "ITALY"

State / Province (Optional)

Select State / Province

City (Optional)

MIASTO

Hotel Name

NAZWA HOTELU

Street

ULICA

Street Number (Optional)

ZIP / Postal Code (Optional)

ADD TEMPORARY ADDRESS

Continue



14. Dane osoby do kontaktu.

Destination Transportation Type Before you begin Travel Information Personal Information Permanent Address Temporary Address(es) Emergency Contact

[← Back](#)

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

Emergency Contact Information

Someone who can reach you during your trip.

Last (family) name (Optional)

NAZWISKO

First (given) name (Optional)

IMIĘ

Country (Optional)

KRAJ

City (Optional)

MIASTO

Mobile Phone Number (Optional)

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

NUMER TELEFONU (Z KIERUNKOWYM +48)

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.

ADRES EMAIL

[Preview](#)

[Submit](#)



15. Deklaracja.

Destination Transportation Type Before you begin Travel Information Personal Information Permanent Address Temporary Address(es) Emergency Contact Declaration

[← Back](#)

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

Declaration

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

Date of Birth

DATA URODZENIA

Place of Birth

MIEJSCE URODZENIA

Country

PAŃSTWO

Citizenship

NARODOWOŚĆ

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



ZAZNACZ, JEŻELI PODRÓŻUJESZ Z DZIEĆMI

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

Minor(s)



UŻYJ PRZYCISKU, ABY DODAĆ DANE DZIECI

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](#)

Minor(s)

Last Name

This field is required

NAZWISKO

First Name

This field is required

IMIĘ

Date of birth

This field is required and should contain a valid date

DATA URODZENIA

Place of birth

This field is required

MIEJSCE URODZENIA

Relationship

This field is required

RELACJA (SYN - SON/CÓRKA - DAUGHTER/WNUK - GRANDSON/WNUCZKA - GRANDDAUGHTER)

ADD

REMOVE 1

[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:

This field is required

WPI SZ KRAJE, W KTÓRYCH BYŁEŚ/AŚ W CIĄGU
OSTATNICH 14 DNI

I will enter in the following Italian Region

This field is required

OTHER WYBIERZ REGION, DO KTÓREGO PODRÓŻUJESZ

Travelling from a Country of the List?

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

List C (Austria, Belgium, Bulgaria, Cyprus, Croatia, Denmark (including the Faroe Islands and Greenland), Estonia, Finland, France (including Guadeloupe, Martinique, Guyana, Reunion, Mayotte and excluding other territories outside the European mainland), Germany, Greece, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands (excluding territories outside the European mainland), Poland, Portugal (including the Azores and Madeira), Czech Republic, Romania, Slovakia, Slovenia, Spain, Sweden, Hungary, Iceland, Norway, Liechtenstein, Switzerland, Andorra, Principality of Monaco)

List D (Argentina, Australia, Bahrain, Canada, Chile, Colombia, Indonesia, Israel, Japan, Kuwait, New Zealand, Peru, Qatar, Rwanda, Saudi Arabia, United Kingdom of Great Britain and Northern Ireland (including Gibraltar, Isle of Man, Channel Islands and British bases on the island of Cyprus and excluding territories outside mainland Europe), Republic of Korea, United States of America, United Arab Emirates, Uruguay, Taiwan, Hong Kong and Macao Special Administrative Regions.)

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 and by other Ordinances

I will present the [EU Digital Covid Certificate](#) or [other equivalent certification](#) showing one of the following conditions:

- having completed the prescribed anti-SARS-CoV-2 vaccination cycle OR
- that you have recovered from COVID-19 (the certificate of recovery is valid for 180 days from the date of the first positive swab)

I will present a certificate of a molecular swab carried out within 48 hours prior to entry into Italy and the result of which is negative, or an antigenic swab carried out within 24 hours prior to entry into Italy and the result of which is negative. **Minors under the age of 6 years are exempt from taking the pre-departure swab.**

I will present a valid certificate of a preformed rapid antigen/molecular test with a negative result for SARS-CoV-2 infection AND I will undergo to 5 days of self-isolation and take another molecular or antigen swab test at the end self-isolation.

Preview

Temporary Save

Submit

16. Po zatwierdzeniu „SUBMIT” na adres mail powinno przyjść potwierdzenie wraz z kodem QR.

17. Aby sprawdzić wypełnione formularze rozwiń menu i kliknij w „My PLFs”. W celu dodania kolejnego formularza kliknij „New PLF”.

18. Logując się do konta można edytować i pobierać wypełnione formularze.

My PLFs								New PLF
ID ↓	Full Name	National ID / Passport	Datetime of Arrival	Transportation Type	Final Destination	Inspection Status	Actions	
1-1						Submitted		

[Download in PDF format](#) ← POBIERZ DOKUMENT W PDF

Personal Information

Last (family) name - First (given) name Sex / Date of Birth

Primary Telephone Number Other Telephone Number Email Address

ID Card

Submitted



Date Submitted

Boarding Country
Poland/PL

← KOD QR

Transportation Information: Aircraft Flight Information

Airline Name Flight Number Seat Number

Date/Time of Boarding/Embarkation Datetime of Arrival Final Destination (Airport)

Destination Country Boarding Airport