

Fliegerschule Wasserkuppe

36129 Gersfeld
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Registration 2019:

Customer Number:
 (will be filled in by the training organisation)
Association / Club:
 (if a member)

I hereby register (Please fill in all the boxes – delete as applicable)

from till the for the participation in the flying activities of Fliegerschule Wasserkuppe.

| | |
|------------|-------------|
| last name | first name |
| street | |
| zip code | City |
| occupation | nationality |
| d.o.b. | birthplace |
| Tel. home | Tel. office |
| Fax | |
| eMail | |

My license:

Issued by Nr. on

| | | | | |
|--------------|--------------------------|---------------------------------|----------------------------|------------------------------------|
| PPL A – SEP | <input type="checkbox"/> | valid till <input type="text"/> | hours <input type="text"/> | Starts <input type="text"/> |
| TMG – RMS | <input type="checkbox"/> | valid till <input type="text"/> | hours <input type="text"/> | Starts <input type="text"/> |
| SPL - UL | <input type="checkbox"/> | valid till <input type="text"/> | hours <input type="text"/> | Starts <input type="text"/> |
| GPL – Glider | <input type="checkbox"/> | | hours <input type="text"/> | Starts <input type="text"/> |

Beginner / Trial Lesson Flight Radiotelephone Operator's Certificate: BZF II BZF I AZF

Medical Certificate valid till: **Nr.**

| | | | | |
|-----------|---|------------------------------------|--|------------------------------------|
| PPL A | Hours in the last 12 month <input type="text"/> | Starts <input type="text"/> | SLP-UL Hours in the last 12 month <input type="text"/> | Starts <input type="text"/> |
| TMG - RMS | Hours in the last 12 month <input type="text"/> | Starts <input type="text"/> | glider in the last 2 years / | Starts <input type="text"/> |

I meet all requirements for using the rights of my license: yes no

(LuftPersV § 4; § 41; § 45; § 120)

Already flown types:

Intension:

Own plane: Registration Type

Direct debit authorisation.

der Fliegerschule Wasserkuppe durch Lastschrift:

I hereby authorise Fliegerschule Wasserkuppe to collect any outstanding bills by means of a debit entry when they are due. This authorisation may be cancelled anytime.

account number

bank code

account holder

Declaration:

I hereby agree with the terms and conditions of Fliegerschule Wasserkuppe as valid according to the flyer, fee schedule and terms overleaf. The flight training organisation and the student without PPL / GPL state the following according to LuftVZO § 24: I hereby declare truthfully that at the moment no criminal proceedings are pending, I have no criminal record, my driver's license has not been revoked.

(Fliegerschule Wasserkuppe) Paperwork reviewed on:
 Signature Fliegerschule

.....
 Date

 Signature

