



**To**

**DAeC e.V. Luftsportgerätebüro**  
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**or**  
**DFV e.V. Geschäftsstelle**  
**Comotorstr. 5**  
**66802 Überherrn**  
Tel.: +44 (0) 6836-92306  
E-Mail: lizenzen@dfv.aero

**Applicant**

|                         |                |                                |  |
|-------------------------|----------------|--------------------------------|--|
| Family Name             |                | First name                     |  |
| Date of birth           | Place of birth |                                |  |
| Post code and town      |                |                                |  |
| Street and house number |                |                                |  |
| Email address           |                |                                |  |
| Licence number          |                | Date of training (from and to) |  |

**Application for German instructor approval with AFF proficiency**

**Process:**

The training course needs to be registered with an authorised association in advance. Training and examination may only be carried out by AFF-examiners who have been appointed by the authorised associations. An instructor approval with AFF proficiency in accordance with § 95a LuftPersV can only be registered on meeting the following requirements:

**Requirements:**

- Valid German Airman's licence for air sports equipment, parachute category
- Valid German instructor approval without AFF proficiency
- Medical fitness certificate (German/English) or 90/5  
„Freifallsprungverwendungsfähigkeit“ recognised by the authorised associations.
- At least 500 jumps in total
- At least 12 jumps in the last 12 months
- At least 5 hrs freefall time
- Evidence of German language skills
- Successful participation in a German AFF-training course
- Successful participation in a German AFF-training examination
- Agreement to data protection policy
- Assurance declaration by applicant
- Examination and issuing fee



**Documents to be handed in to the authorised associations:**

|                          | #  | Issue of an instructor approval with AFF proficiency   |  |
|--------------------------|----|--|--|
| <input type="checkbox"/> | 1  | Valid German licence (original)  |  |
| <input type="checkbox"/> | 2  | Valid German instructor approval without AFF proficiency (original)  |  |
| <input type="checkbox"/> | 3  | Medical fitness certificate (German/English) or 90/5<br>„Freifallsprungverwendungsfähigkeit“ recognised by the authorised associations<br>(copy) |  |
| <input type="checkbox"/> | 4  | Total number of jumps (please enter):  |  |
| <input type="checkbox"/> | 5  | Number of jumps in the last 12 months (please enter):  |  |
| <input type="checkbox"/> | 6  | Total freefall time (please enter):  |  |
| <input type="checkbox"/> | 7  | Exam certificate for AFF instructors (German/English) (original)   |  |
| <input type="checkbox"/> | 8  | Evidence of training for AFF instructors (training record card) (German/English)<br>(original)   |  |
| <input type="checkbox"/> | 9  | Answer sheet from written exam for instructors (German/English) (original)   |  |
| <input type="checkbox"/> | 10 | Language skills <input type="checkbox"/> German  |  |
| <input type="checkbox"/> | 11 | 1 passport sized photo (optional, but advised for easier identification)   |  |
| <input type="checkbox"/> | 12 | Agreement to use of personal data (original)   |  |
| <input type="checkbox"/> | 13 | Fee in accordance with the schedule of fees of the authorised associations (bank transfer)   |  |

**Declaration of the examining AFF-Examiner:**

The candidate meets all the requirements and has successfully taken part  
in an instructor course and passed the examination:

yes  no

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
AFF Examiner (name, signature and licence number)

**Application and assurance declaration by applicant:**

I apply to sit the exam to acquire an instructor approval with AFF proficiency and its issue.

I confirm that I have not sat an exam for instructor approval with AFF proficiency and I have not failed in obtaining such an approval or had one removed. I confirm I am not currently subject of any criminal investigations.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Applicant (name, signature and licence number)