



To

DAeC e.V. Luftsportgerätebüro
Hermann-Blenk-Str. 28
38108 Braunschweig
Tel.: +49 (0) 531-23540-63
E-Mail: lizenzen@daec.de

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		Year of last recognition	

Application for Recognition of a foreign instructor approval with AFF proficiency

Process:

The application for recognition needs to be registered with an authorised association in advance. For an initial recognition a competence check by an AFF Examiner is required. For a subsequent recognition, no competence check is required, however suitability needs to be confirmed by an AFF-Examiner or instructor examiner (Prüfungsrat). A recognition of a foreign instructor approval with AFF proficiency can be made for a fixed term under the following circumstances:

Requirements

- Valid and legible identification document (German/English)
- Residential or postal address in Germany
- Valid foreign licence
- Valid recognised foreign instructor approval including as AFF instructor
- Where appropriate, membership of the licence issuing body, if required to maintain validity by the body issuing the foreign instructor approval rating.
- Valid medical certificate recognised by the Authorised Associations (English/German)
- At least 500 jumps in total
- At least 12 jumps in the last 12 months
- At least 5hrs freefall
- Evidence of German/English language skills
- Where appropriate, successful competence check
- Agreement to data protection policy
- Assurance declaration by applicant
- Fee for the recognition



Documents to be handed in to the authorised associations:

	#	Recognition of an instructor approval with AFF proficiency	
<input type="checkbox"/>	1	Valid and legible identification document (German/English) (copy)	
<input type="checkbox"/>	2	Guidance note (personal information of AFF instructors in accordance with guidance note (Vita); see download area of the DFV)	
<input type="checkbox"/>	3	Valid foreign licence (copy)	
<input type="checkbox"/>	4	Valid recognised foreign instructor approval including as AFF instructor (copy)	
<input type="checkbox"/>	5	Where appropriate, membership of the licence issuing body, if required to maintain validity by the body issuing the foreign instructor approval rating (copy)	
<input type="checkbox"/>	6	Valid medical certificate recognised by the Authorised Associations (in either English or German) (copy)	
<input type="checkbox"/>	7	Total number of jumps (please enter):	
<input type="checkbox"/>	8	Number of jumps in the last 12 months (please enter):	
<input type="checkbox"/>	9	Total freefall time (please enter):	
<input type="checkbox"/>	10	Exam certificate AFF instructor (German/English) (original) (only for competence checks)	
<input type="checkbox"/>	11	Evidence of training for AFF instructors (training record card) (German/English) (original) (only for competence checks)	
<input type="checkbox"/>	12	Written exam for AFF instructors (German/English) (original) (only for competence checks)	
<input type="checkbox"/>	13	Language skills <input type="checkbox"/> German <input type="checkbox"/> English	<input type="checkbox"/>
<input type="checkbox"/>	14	Agreement to use of personal data (original)	
<input type="checkbox"/>	15	Fee in accordance with the schedule of fees	

Declaration of the examining AFF-Examiner/instructor examiner (Prüfungsrat):

The applicant fulfils all requirements and successfully passed the competence check.

yes no

Place, Date

AFF-Examiner/instructor examiner (Prüfungsrat)
(Name, signature and licence number)

Application and assurance declaration by applicant:

I hereby apply for recognition of my foreign instructor approval with AFF proficiency and its issue.

I confirm that I have not submitted an application for recognition of my foreign instructor approval with AFF proficiency within this calendar year which was denied. I confirm I am not currently subject of any criminal investigations.

Place, Date

Applicant (name, signature and licence number)