

POWER OF ATTORNEY

Granting of the power of attorney according to
§ 10 Allgemeines Verwaltungsverfahrensgesetz

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

I hereby give the power of attorney

First Name:

Last Name:

Date of Birth:

Place of Birth:

Street:

Postal/Place:

Licence type and certificate no.:

Contact details

E-Mail:

Telephone:

to the following organisation/person(s) to act on my behalf in all matters related to licencing and examiner:

This power of attorney is valid until revoked. Previously issued power of attorneys are hereby revoked.

Place

Date

Signature