

POWER OF ATTORNEY

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



The signed form (scanned or digitally signed) is required as an attachment to the “Declared training organization” form.

I hereby give the power of attorney

First Name:

Last Name:

Date of Birth:

Place of Birth:

Street:

Postal/Place:

Contact details

E-Mail:

Telephone:

to the following person to nominate me as the head of training (HT) and act on my behalf regarding the declaration of a DTO:

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

Place

Date

Signature