

**Basic Class  
Apron Driver's License**



To be completed by Applicant:

**Contact Information**

Contact person	Telephone	E-Mail
Company		
Invoice address		

**Participant(s)**

Family Name, First Name	Date of Course	Fraport ID-Card No.	Fraport Personnel ID No.
Justification for Necessity			

<p><b>Date, Signature (legible): Company</b> (person responsible for cost account if employed by Fraport)</p>  <p>I hereby confirm that I understand and acknowledge the terms of participation of the Driver Training.</p>	<p>Please send the completed and signed form to: <a href="mailto:fahrerausbildung@fraport.de">fahrerausbildung@fraport.de</a>.</p> <p>You can contact us via telephone: +49 69 690-30306.</p>
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N. B.: I am aware that my personal data submitted for this application as well as future applications will be stored electronically by Fraport AG. The information to be provided according to articles 13, 14 GDPR is available at [privacy-statement.fraport.com](http://privacy-statement.fraport.com) and [datenschutz.fraport.de](http://datenschutz.fraport.de)

To Be Completed by Driver Training:

**Processing information**

Confirmation of course	Time	Building
Confirmed by (Name, Date, Signature)		

**Invoice**

Debitor	Serial Number
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