

The information is
free of charge!

FAER

Kraftfahrt-Bundesamt
24932 FLENSBURG
GERMANY

**This form is not suitable for
sending but only for printing
and filling in. Please forward
your application by post.**

Application for information from the Register of driver fitness

I hereby apply for information about decisions stored in the Register of driver fitness concerning myself.

Date of birth

Maiden name

Surname (only if not identical with maiden name)

All given names

Place of birth

Postal code

Place of residence

Street and number

For **proof of identity** (§ 30 Abs. 8 Straßenverkehrsgesetz, § 64 Fahrerlaubnis-Verordnung) a copy of my valid identity card (both sides) or of my valid passport is enclosed.*

Date, Signature of applicant

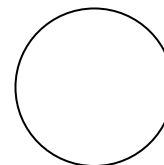
alternatively

For **proof of identity** (§ 30 Abs. 8 Straßenverkehrsgesetz, § 64 Fahrerlaubnis-Verordnung) my signature on the application form has been officially authenticated.*

* please tick, where applicable

Date, Signature of applicant

The certifying person has convinced herself of the identity of the applicant. The signature is genuine and was carried out in presence of the certifying person, resp. is accepted. The authentication is destined only for presentation to the Kraftfahrt-Bundesamt.



Name of the authority, place, date, signature

imprint of the seal