Schutzbereich 3

(wenn befüllt)

* 1. Anmeldung für Dienstliche Veranstaltungen der Bundeswehr

|  |  |
| --- | --- |
| An: | über: |
| LKdo Hessen | FwRes Stadtallendorf |

Bezeichnung/Thema/Ort :

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Zeitraum von - bis/am:

 -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name :       Vorname:       DGrad:

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KrsGrp : Oberhessen RK:

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PK (bei Gästen Geb-Datum) :       PersNr: entfällt

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Str. HausNr: :

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PLZ, Wohnort :

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Telefon :       E-Mail:       Fax:
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Zuständiges Karrierecenter der Bundeswehr (KarrC Bw):

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Gegen mich ist ein gerichtliches Strafverfahren oder ein polizeiliches/staatsanwaltschaftliches

Ermittlungsverfahren anhängig.\*
Nein: [ ]

Ja\* : [ ]  seit (Datum) :      Grund:       Aktenzeichen Gericht/Staatsanwaltschaft:

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Ich bin in einem Strafverfahren verurteilt oder mit einer Maßregel der Besserung und Sicherung belegt worden.\*
Nein : [ ]

Ja\*: [ ]  Grund der Verurteilung/Maßnahme:       Aktenzeichen Gericht/Staatsanwaltschaft:       Rechtskräftig seit:

\*Ich bin darüber belehrt worden, dass ich alle noch nicht getilgten oder noch nicht tilgungsreifen strafgerichtlichen Verurteilungen anzugeben habe.

zusätzlich für Auslandsveranstaltungen:

Geburtsort : XXXXX

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Personalausweis- od. Reisepassnummer : XXXXX

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Grenzübertritt Hinreise (Ort und Zeit) : XXXXX

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Grenzübertritt Rückreise (Ort und Zeit) : XXXXX

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Transportmittel : XXXXX
(**KfzTyp, pol. Kennzeichen oder Fluglinie/FlugNr)** ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Hinweis: Gemäß der ZR A2-1300/0-0-2 dürfen Sie der Zuziehung nur Folge leisten, wenn Sie dienstfähig sind.

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Ort, Datum, Unterschrift