Anmeldung

**zu einem Lehrgang an der Staatlichen Feuerwehrschule**

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| *Zutreffendes bitte*  *ankreuzen!* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Lehrgang für | | | | | | | | | | | | | | | | | | | Feuerwehr | | | | | | | | | | | | | | | | | | |
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| Gewünschter Termin | | | |  | | Datum | | | | | | | | | | | | | Name der Feuerwehr | | | | | | | | | | | | | | | | | | |
| Ausweichtermin | | | |  | | Datum | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | Vorname | | | | | | | | | | | | | | | | | | |
| Straße, Haus-Nr. | | | | | | | | | | | | | | | | | | | PLZ, Wohnort | | | | | | | | | | | | | | | | | | |
| Beruf | | | | | | | | | | | | | | | | | | | Geburtsdatum | | | | | | | | | | | | | | | | | | |
| Telefon (tagsüber erreichbar) | | | | | | | | | | | | | | | | | | | Stadt / Landkreis  Landkreis Rhön-Grabfeld | | | | | | | | | | | | | | | | | | |
| E-Mail | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Zur Berechnung der Fahrtkosten bitte in jedem Fall angeben (nicht für WF und BtF): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Einfache Entfernung Wohnort-Staatl. Feuerwehrschule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | km | | |
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| Fahrzeuge am Standort | | | |  | | TSA |  |  | | TSF | | |  | | |  | LF 8 | | |  |  | LF 16 | | |  |  | | TLF | | |  |  | RW | | |  |  |
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| Dienstgrad | | | | ➽ | | Fm |  |  | | Ofm | | |  | | |  | Hfm | | |  |  | Lm | | |  |  | | Olm | | |  |  | | | | | |
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| Dienststellung | | | | ➽ | | GF |  |  | | ZF | | |  | | |  | stv.Kdt | | |  |  | Kdt | | |  |  | | SBM | | |  |  | | | | | |
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|  | | | |  | | SBI |  |  | | SBR | | |  | | |  | KBM | | |  |  | KBI | | |  |  | | KBR | | |  |  | | | | | |
| Atemschutztauglichkeit  nach G 26 | | | | ➽ | |  |  |  | |  | | |  | | |  |  | | |  |  |  | | |  |  | |  | | |  |  |  | | |  |  |
|  | | | |  | | ja |  |  | | (nur für Atemschutzträger, Strahlenschutz-Grundlagen, Gefährliche Stoffe) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Bisherige Ausbildung | | | | ➽ | | TM |  |  | | TF | | |  | | |  | SpFunk | | |  |  | GF | | |  |  | | ZF | | |  |  | Kdt | | |  |  |
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| Nur für Lehrgang: „Leiter und Stellvertreter der KomFü und UG-ÖEL“ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Grundkenntnisse PC-Anwendung | |  | |  | Grundkenntnisse BASIS | | | | | | | | | |  |  | Kenntnisse Kartenkunde | | | | | | |  |  | | | | | | | | | | | |
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| Mit der Kostentragung nach den Vorschriften des Bayerischen Feuerwehrgesetzes (BayFwG, AVBayFwG) einverstanden: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stempel und Unterschrift Gemeinde/Kreis/Firma: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Herrn Stadt- / Kreisbrandrat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KBR Stefan Schmöger | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |
| Die Lehrgangsvoraussetzungen (lt. Lehrgangsbeschreibung in der „brandwacht“) sind erfüllt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ort, Datum | | | | | | | | | | | |  | | | Kommandant      Name, Unterschrift | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |  | Die Lehrgangsvoraussetzung wurden geprüft.  Die Teilnahme ist | | | | | | | | | | | | | | | | | | | | | | |
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| **Landratsamt Rhön-Grabfeld**  **Spörleinstraße 11**  **Kreisbrandrat**  **97616 Bad Neustadt a.d.S.** | | | | | | | | | | | | | |  |  | | | | | |  |  |  | | | | | |  |  |  | | | | |  |  |
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