

To be completed by the applicant (employee) in need of ZUP

(Please use an extra-sheet with signature in case there is not enough space)

Surname (employee): _____	First name: _____
Date of birth: _____	Maiden name: _____
Country of birth: _____	PK #: _____
Former name(s): _____	from - until: _____ <small>dd.mm.yyyy – dd. mm. yyyy</small>
Present nationality: _____	since: _____ <small>dd.mm.yyyy – dd. mm. yyyy</small>
Double nationality(ies): _____	from - until: _____ <small>dd.mm.yyyy – dd. mm. yyyy</small>
Former nationality(ies): _____	from - until: _____ <small>dd.mm.yyyy – dd. mm. yyyy</small>
State/Country identity card No: _____	valid until: _____
Passport No: _____	valid until: _____
Only in case of actual non German nationality: Specification with regard to the denotation of the passport or the substitute document for it (i.e. passport of Italy): _____	
Specification with regard to the supplier of the passport or the substitute document for it: _____	

Official main residences (usual place of residence) for the past 10 years (fill out exactly and complete !)

Zip	City	Street	No.	State/Province	Country	from <small>dd.mm.yyyy</small>	until <small>dd.mm.yyyy</small>

Registered secondary residences for the past 10 years (fill out exactly and complete !)

Zip	City	Street	No.	State/Province	Country	from <small>dd.mm.yyyy</small>	until <small>dd.mm.yyyy</small>

I agree to my participation in the reliability screening according to § 7 of the Aviation Security Act and the Implementation Ordinance enacted according to § 17 (1) of the Aviation Security Act. I affirm that no result of a reliability screening with a validity of more than 6 month exists and that I have no applied to any other authority for a reliability screening. Otherwise I disclaim the application and will attach the relevant documents (copy of airport ID or official document of a relevant authority). I have made all statements truthfully.

I took note of the "Regulations concerning the contractors ID Card & ZUP of Lufthansa German Airlines". I do agree to the automated processing of my personal data i. a. w. the BDSG.

Place, Date

Signature of the applicant (for minors the additional signature of their legal guardian is necessary)

To be completed by the employer (LH contractor)

Surname, First name (Employee of contracted company): _____

Company:	_____
	full name
Zip/City:	_____
Street No.:	_____
Contact person:	_____
Telephone:	_____
Fax:	_____
eMail:	_____
Function/Job of the applicant:	_____
	short job description (e.g. Aircraft Engineer, Project Manager IT, Busdriver Crew...)

Identity check has been conducted (a valid state/country identity card/passport was presented and it was compared with the applicant)

The employer of the applicant declares that

- the reliability screening and the ID Card is associated with essential duty/function of the applicant
- the applicant is trustworthy with respect to all security related issues
- the applicant is holding a valid visa and work permit

The employer of the applicant declares that the department ID Card Processes of Lufthansa German Airlines will be informed immediately and in writing of all changes in status concerning the applicant (i.e. termination of employment, no further need to enter sensitive areas, name changes etc.)
The employer bears the costs of the contractor's ID Card and the reliability screening.

I took note of the "Regulations concerning the contractor's ID Card & ZUP of Lufthansa German Airlines"

Date/Stamp/Signature of the employer: _____

Important advice:

The following documents are necessary:

- ✓ Fully completed and legible application (ID Card and/or reliability screening)
- ✓ Actual official colour-photo (neutral background) (paper or jpg)
- ✓ Copy of ID Card or passport
- ✓ If applicable official document of the reliability screening (legible copy)
- ✓ If applicable document of the security awareness training (legible copy)

(Application forms which are incomplete will be sent back to the LH department. This might cause a delay.)

To be completed by the responsible LH department

Surname, First name (Employee of contracted company): _____

Details on employment:

Notice: The ID Card is apply for period of employment. The ID Card has a maximum validity of 3 years.

ID Card valid from: _____ **until:** _____

ID Card without PIN-letter (Standard) ID Card with PIN-letter

Place of action (Department/Building): _____

Please note: The electronic access authorisation will be initially given for the company/building in which the responsible LH department is located at. If the place of action differs from the location of the responsible LH department, a Lufthansa employee who is based at the respective building, has to apply for the access authorisation by **email to idcardfra@dlh.de**

official photo attached

digital photo sent on _____ to fracremdfirmenausweis.psc@dlh.de

Responsible LH department

Responsible company _____

Responsible LH department: _____

Facility / Department: _____

Cost center: (6-digit) _____

Contact person LH department: _____

Telephone: _____ **Fax:** _____ **eMail:** _____

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First and surname of the LH section head in capital letters: _____

Date/Signature LH section head: _____