

Name Zentralstelle	Kurs-Nr.
Name Träger	
Anschrift	

I hereby confirm that I am present in the area of the Federal Republic of Germany with a tolerated stay permit **and** meet one of the following criteria (please tick as appropriate):

- I am pursuing an employment with social security contributions.
- I am engaged in qualified occupational training in a state-regulated or comparably regulated skilled trade.

\_\_\_\_\_  
(Family name, first name in capital letters)

\_\_\_\_\_  
(place, date, signature)