

Stadtverwaltung Kaiserslautern Referat Migration und Fachkräfteeinwanderung - Zentrale Ausländerbehörde für Fachkräfteeinwanderung Rheinland-Pfalz -Rathaus Nord, Gebäude B Benzinoring 1 67657 Kaiserslautern

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E-Mail: fachkraefteeinwanderung.rlp@kaiserslautern.de

First and last name of spouse

Date of birth

Place of birth

Address

ZIP-code and city

Telephone

E-Mail

Authorized person (employer of sponsor)

Name of company

(spouse) according to §81a AufenthG	
I hereby give authorization to	
[Name employe	er/ Manager]
represented by	
- · · · · · · · · · · · · · · · · · · ·	erson who has permission from the manager — ney and if needed sub-authorizationhas to be attached],
to apply for the family reunion related to the sponsor	fast-track process according to §81a AufenthG of my
[Name of spons	cor/ Employee]
[Date of birth sp	oonsor/ Employee]
at the responsible immigration office and for any other associated procedures necessary as listed in §81a Abs. 3 AufenthG and to represent me in these procedures with regard to all extrajudicial legal matters.	
	nority to make statements and take actions, legally binding, ary for the process.
In particular the power of attorney includes:	
 representation in all matters necessary for the fast-track process to the responsible immigration office, to the office responsible for recognition of qualifications and to any other responsible authorities 	
submitting the required documents for the process, including my personal information,	
 receiving written and electronic documents regarding the process, conducting correspondence and opening mail addressed to me and 	
The employer has the right to issue as well as to revoke a sub-authorization, which must not exceed the extent of this authorization. Please note that the form for the sub-authorization may be used as an attachment to this power of attorney in accordance with §81a Abs.1 AufenthG. The authorization expires with completing the fast-track process.	
[Location, Date, Signature of person granting authorization / Spouse]	

[Location, Date, Signature of authorized person/ Employer]