

Application for admission for IATF 16949 3rd party auditors for IATF-recognized certification bodies

Preliminary remarks

Please note that only the official contact person of an IATF-recognized certification body is authorized to register auditors for IATF-recognized certification bodies to participate in the initial face-to-face training & examination for IATF 16949 3rd party auditors.

Please submit the following documents/evidences for each candidate:

- completely filled in application form
- attachments 1 to 5 as requested according to the checklist on page 4 of this application form (please submit .pdf documents as electronic file)
- curriculum vitae for the applying auditor
- a photo for every applying auditor (preferably an electronic file)

The completed application form shall be submitted by mail or e-mail to the following IATF Training Organization at VDA QMC:

VDA QMC - Aus- und Weiterbildung
Behrenstrasse 35
10117 Berlin
Germany

e-mail: aliaga@vda-qmc.de

All documents have to be completed and submitted in **German** or **English** language.

Please follow all current provisions and important information with regard to IATF 16949 3rd party auditor applicants.

The applying certification body shall provide the applying auditor with the following documents/information:

- all relevant information about the training course
- the currently valid edition of IATF 16949 standard (and all relevant SIs or FAQs as applicable)
- the currently valid edition of IATF Rules (and all relevant SIs or FAQs as applicable)
- the currently valid edition of IATF Auditor Guide for IATF 16949

It is required that the candidate studies the before mentioned information and documents prior to the course and to familiarize with the contents.

As soon as the candidate is approved to attend the training & examination, a confirmation e-mail will be sent to the e-mail address provided by the applicant. Please do not make any travel arrangements before having received the final confirmation.

Subject of the written exam are the IATF 16949 standard, the IATF Rules and important automobile-specific methods (e.g. FMEA, MSA and SPC). At the start of the course candidates are expected to be knowledgeable about the above mentioned subjects.

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Application date and place: _____

Details of the IATF-recognized certification body

(Please use the official CB name and do not use abbreviations. Please do not fill in the names of departments/subsidiaries of the IATF-recognized certification body. The following particulars will form the basis of a later entry in the IATF database):

Name: _____

Street: _____

Zip code, City: _____

State / Country: _____

Official contact person: _____

Position / Title: _____

E-Mail address: _____

Telephone: _____

Fees

The amount of the fee for the whole course depends on the country where the training takes place. For further information please contact VDA QMC.

The fee shall be paid immediately upon receipt of the invoice and transferred to our bank account without any deductions.

Billing address - see above

Please send the bill to the following address:

Company name: _____

Street: _____

Zip code, city: _____

State / Country: _____

Registration and payment conditions

Details of the registration, terms of payment and cancellation/rebooking are accurately described in our registration and payment conditions.

Please refer to our web site <http://www.vda-qmc.de> for further information.

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Auditor's given (and middle) name: _____

Auditor's family name (and title): _____

Auditor's e-mail address: _____

Company name: _____

Function: _____

Current company address of the auditor:

Street: _____

City: _____

Zip code: _____

State: _____

Country: _____

Telephone: _____

Date of training course:

Training seats will be assigned exclusively and immediately after positive assessment of the application. Please refer to our web site <http://www.vda-qmc.de> for information about planned and available dates.

1st choice: _____
2nd choice: _____
3rd choice: _____

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Checklist for application and admission for training and examination:

(Please cross applicable boxes and attach evidences; to be signed by the applicant and the CB contact person)

Auditor's last name, first name: _____
Date of birth: _____
Certification body: _____

1. Enrolment

- by the official contact person of the certification body .

2. Proof of qualification according to ISO/IEC 17021 and the relevant accreditation body requirements to perform ISO 9001 audits

[add as attachment 1](#)

- Auditor certified to ISO 9001:2015
 Lead auditor certified to ISO 9001:2015

3. Proof of auditing experience

[add as attachment 2](#)

- Minimum of six (6) ISO 9001 3rd party audits in manufacturing industry with at least three (3) audits as lead auditor

NOTE: Automotive manufacturing first- or second-party system auditing experience may be considered

4. Knowledge in automotive core tools

[add as attachment 3](#)

- Documented evidences (training certificates) of received training in automotive core tools

5a. Practical experience in the (automotive) industry

[add as attachment 4](#)

- Four (4) years full time appropriate practical experience (including two (2) years dedicated to Quality Assurance and/or Quality Management activities) within the past fifteen (15) years in an automotive manufacturing organization.

NOTE 1: Please attach a list that includes the name(s) of the company/companies the applicant was working. The list shall include the relevant site address, a detailed description of the manufactured products and a detailed description of the relevant jobs/activities the applicant was responsible for.

NOTE 2: Experience in industries with similar scopes of applicability (e.g., Aerospace, Telecommunications, Rail, Industrial Off-Road equipment, etc.) in chemical, electrical, or metallic commodities may be considered.

ALTERNATIVELY:

5b. Evidence of being a previously qualified ISO/TS 16949 or IATF 16949 3rd party auditor

[add as attachment 4](#)

- Evidence(s) to support the auditor's re-application for admission into the IATF Initial auditor qualification process, including the reasons for the deactivation within the previous 36 months before this application.

6. Further documents

[add as attachment 5](#)

- Applicant's curriculum vitae

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Herewith I confirm that the statements made in the documents submitted are true.

Date, Signature of the applicant: _____

Date, Signature CB contact person: _____

Spelling of last name, first name:
(CB contact person) _____

To be completed by VDA QMC only

The auditor candidate comply the following requirements:

- | | | |
|--|------------------------------|-----------------------------|
| - is qualified according to ISO/IEC 17021 to conduct 3 rd party audits for ISO 9001 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - has conducted at least six (6) 3rd party audits to ISO 9001 in manufacturing industries, at least three (3) as audit team leader | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - has knowledge of automotive specific core tools (FMEA, MSA, FMEA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - has four (4) years full time appropriate practical experience in the past ten (10) years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - has proven that he/she was a qualified 3 rd party auditor within the last 36 months | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicant is approved YES NO

Remarks / Comments (e.g. missing or incomplete documentation / requests for additional evidences):

Temporary ADP Access:	Temporary ADP No.: 3-NE-	
	Issue Date:	Expiration Date:

Date:	Application checked by:
Signature:	