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/evidence for each candidate:

- 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

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

For training abroad to: license@vda-qmc.de

All documents must be completed and submitted in English language.

Please follow all current provisions and important information regarding 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

There is a need to that the candidate studies before the mentioned information and documents prior to the training to be familiarize with the contents.

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 training candidates are expected to be knowledgeable about the above-mentioned subjects.

Application date and place:				
Details of the IATF-recognized	certification	body		
(Please use the official CB name and of ments/subsidiaries of the IATF-recognized of the IATF database):				
Name:			 	
Street:			 	
Zip code, City:			 	
Country:			 	
Official contact person:			 	
Position / Title:			 	
E-Mail address:			 	
Telephone:			 	
☐ Billing address - see above				
☐ Please send the bill to the follow	ving address:			
Company name:			 	
Street:			 	
Zip code, city:			 	
Country:			 	

Registration and payment conditions

For details of the registration, terms of payment and cancellation/rebooking please refer to the website of training's provider

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:	
	vely and immediately after positive assessment of osite of the trainer's provider for information about
1 st choice:	
2 nd choice:	
3 rd choice:	

Checklist for application and admission for training and examination:

(Please	se cross applicable boxes and attach evidenc	ce; to be signed by the applicant and the	CB contact person)
Audit	tor's last name, first name:		
Date	e of birth:		
Certif	ification body:		
1. En	nrolment		
	by the official contact person of the certific	cation body	
	roof of qualification according to Is		add as attachment 1
	Auditor certified to ISO 9001:2015		
	Lead auditor certified to ISO 9001:2015		
3. Pr	roof of auditing experience	add a	s attachment 2a and 2b
	lead auditor	dits in manufacturing industry with at least the second-party system auditing experience	. ,
	with a minimum duration of two (2) days. T	The corresponding confirmation from of the ng information: name, address and IATF no	certification
4. Kn	nowledge in automotive core tools	5	add as attachment 3
	Documented evidence (training certificates	s) of received training in automotive core to	pols
5a. P	Practical experience in the (automo	otive) industry	add as attachment 4
		cal experience (including two (2) years dedictivities) within the past fifteen (15) years in	
	working. The list shall include the relevant	s the name(s) of the company/companies th t site address, a detailed description of the vant jobs/activities the applicant was respon	manufactured prod-
		nilar scopes of applicability (e.g., Aerospace Road equipment, etc.) in chemical, electrica ed.	

ALTERNATIVELY:

add as attachment 4
r qualification this application.
add as attachment 5
ľ

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 car	ndidate c	omplies t	he following	requirements:		
- is qualified according	ng to ISO/IEC	17021 to cor	nduct 3 rd party aud	its for ISO 9001	☐ Yes ☐ No	
	- has conducted at least six (6) 3rd party audits to ISO 9001 in manufacturing industries,					
- has knowledge of a	utomotive sp	ecific core to	ols (FMEA, SPC, M	ISA ormore)	☐ Yes ☐ No	
- has four (4) years full time appropriate practical experience in the past ten (15) years						
- has proven that he/she was a qualified 3 rd party auditor within the last 36 months						
Applicant is approved						
Remarks / Comments (e.g. missing or incomplete documentation / requests for additional evidence):						
Temporary	Temporary ADP No.: 3-NE-					
ADP Access:	Issue Date	e Date: Expiration Date:		Expiration Date:		
Date:		Application	n checked by:			
	Signature:					