

Enrolment in the training course and exam for auditors of accredited bodies certified to ISO/TS 16949

Preliminary remarks

Only the official contact persons of the accredited certification bodies are authorized to handle applications of auditors of their certification bodies to participate in the courses.

Please submit the following documents for each candidate:

- Completely filled in general application form together with application for admission
- Attachment 1 to attachment 5 as requested on the checklist "application..." (page 4 of this document, only write protected if sent as electronic file)
- Curriculum vitae of the applying auditor
- Photo of every auditor for the auditor card (for further information please necessarily read the current data "Important Information")

The complete application shall be submitted by mail or e-mail (all documents write protected if sent as electronic file) to the IATF Representative.

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

All documents shall be submitted in **German** or **English** language.

Please follow all current provisions and important information with regard to the application communicated to you previously! For further information please have a look at the current file of the "important information for accredited certification bodies to ISO/TS 16949" given to all CBs accredited to ISO/TS 16949.

The applying certification body shall as soon as possible provide their auditor candidates with the following:

- all relevant information about the course of the training
- the ISO/TS 16949, current edition
- the requirements regarding certification to ISO/TS 16949, current edition
- IATF Auditor Guide for ISO/TS 16949

The candidates are strongly recommended to go through the above documents prior to the course and to familiarize themselves with their contents.

As soon as the candidate is admitted to the course, a confirmation e-mail will be sent to the address given by the applicant. Please do not make any travel arrangements before having received your confirmation.

Subject of the written exam are ISO/TS 16949, certification requirements with regard to ISO/TS 16949 and the most important automobile-specific methods (SPC, suitability of testing processes - MSA, FMEA). At the start of the course candidates are expected to be knowledgeable about the above subjects.

Anmeldung zur Qualifizierung und Prüfung von Zertifizierungsauditoren für ISO/TS 16949 zugelassene Zertifizierungsgesellschaften

Application date: _____

Details of the accredited certification body

(Please use your official name and do not use abbreviations. Please do not fill in the names of departments/societies subordinated or coordinated to the accredited certification body under contract to the IATF. 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 and fax no.: _____

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 account without any deductions.

Billing address - please refer to application form

Please send the bill to the following address:

Company name: _____

Street: _____

Zip code, city: _____

State / Country: _____

Registration and payment conditions

Details for 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.

**Anmeldung zur Qualifizierung und Prüfung von Zertifizierungsauditoren
für ISO/TS 16949 zugelassene Zertifizierungsgesellschaften**

FIRST and MIDDLE name
of the auditor (title):

(only) LAST NAME of the auditor:

Company name:

Function:

Current company address of the auditor:

Address:

City:

Zip code:

State:

Country:

Telephone no.:

Fax no.:

E-Mail address:

Date of training course:

Places shall 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 free dates.

1st choice:

2nd choice:

3rd choice:

Anmeldung zur Qualifizierung und Prüfung von Zertifizierungsauditoren für ISO/TS 16949 zugelassene Zertifizierungsgesellschaften

(Please cross applicable box and enclose proofs; to be signed by the applicant and the CB contact person)

Auditor's Last name, first name: _____

Date of birth: _____ Place of birth: _____

Certification body: _____

1. Enrolment

by the official contact person of the certification body _____

2. Proof of qualification according to ISO 19011 and the relevant accreditation body rule to perform ISO 9001 audits

[add as attachment 1](#)

Auditor certified to ISO 9001

Lead auditor certified to ISO 9001

3. Proof of ISO auditing experience

[add as attachment 2](#)

Minimum of six (6) ISO 9001 3rd Party Audits with at least three (3) as lead auditor in manufacturing industrie.

4. Knowledge in automotive core tools

[add as attachment 3](#)

Verifiable knowledge in automotive core tools.

5. Experience in quality-relevant processes of the automobile industry

[add as attachment 4](#)

Six (6) years full time appropriate practical experience (including two (2) years dedicated to Quality Assurance activities) in the past ten (10) years in an organization meeting the applicability of ISO/TS 16949.

(name of organization, location)

Experience in industrie with similar scopes of applicability in chemical, electrical or metallic commodities may be considered.

automotive industry

chemical/plastics

electrical/electronics

metal

(kind of job, description)

6. Further documents

[add as attachment 5](#)

Auditor's curriculum vitae attached

**Anmeldung zur Qualifizierung und Prüfung von Zertifizierungsauditoren
für ISO/TS 16949 zugelassene Zertifizierungsgesellschaften**

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

Date, Signature: applicant: _____

Date, Signature: CB contact person: _____

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

To be filled in by the VDA QMC:

Candidate will be granted admission		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The following missing documents shall be submitted in addition:			
Date	Application checked by (spelling of name):		
	Signature:		