

Application form for admission to Module D – Upgrade Training VDA 6.3

Preliminary remarks

Please submit the following documents for each candidate:

- this completely filled in application form
- confirmation by employer about auditing VDA 6.3 (Attachment 1)
- a copy of your qualification certificate VDA 6.3 (Attachment 2)

All documents shall be submitted in English or national language.

The complete application shall be submitted by post or by mail to your trainings office.

As soon as the candidate is admitted to the course, a confirmation will be sent.

**Application form for admission to
Module D – Upgrade Training VDA 6.3**

Application for admission to Upgrade Training VDA 6.3 (from VDA 6.3 old to VDA 6.3 new)

FIRST and MIDDLE name
of the auditor (title):

LAST name of the auditor:

Company name (optional):

Function (optional):

Applicant's actual address:

Zip code, City:

State / Country:

e-Mail:

Land:

Telephone.:

Fax.:

Training date:

Please shall be assigned exclusively and immediately after positive assessment of the application. Please refer to our website for information about training dates:

<http://www.vda-qmc.de>

Please indicate below the dates of your choice. If possible, we will assign you accordingly. However, you are not entitled to it.

1st choice: _____ / _____ / _____

2nd choice: _____ / _____ / _____

3rd choice: _____ / _____ / _____

Check list: Application form for admission to Module D – Upgrade Training VDA 6.3

(Please cross applicable box, enclose proofs, signature of applicant)

1. Confirmation by employer about auditing VDA 6.3

to be attached as **Appendix 1**

- Confirmation by employer that auditing VDA 6.3 constitutes a significant part of the applicant's job

2. Training certificate VDA 6.3

to be attached as **Appendix 2**

- Copy of your qualification certificate VDA 6.3

Herewith I confirm that the statements made in this application and in the documents submitted are true:

Date and signature
of applicant:

To be completed by VDA QMC:

| | | |
|---|-------------------------------------|------------------------------------|
| The applicant is admitted: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The following missing or incomplete documents must be submitted as quickly as possible: | | |
| | | |
| Date: | Application examiner: | |
| | | |