

# Application form

## Second database entry

## Second certificate

Please fill in this application form and send it completed with both required signatures by fax or email to:

VDA QMC - Aus- und Weiterbildung  
Frau Teresa Müller-Ott  
Behrenstrasse 35  
D-10117 Berlin

Fax: +49 30 / 897842 605

Email: ott@vda-qmc.de

### Certification Body placing the application:

Name:

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Official contact person:

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Street:

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ZIP code, City:

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State, Country:

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Responsible Oversight Office

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### Auditor details:

Given name:

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Name:

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Street:

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Place of residence  
(ZIP code, City):

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Native language:

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Further languages:

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### Currently valid certificate information:

Certificate number:

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Expiry date:

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**Application form  
Second database entry  
Second certificate**



Qualitäts Management Center  
im Verband der Automobilindustrie

**Invoicing address:  
(current charge 150,- EUR + VAT for initial application)**

Customer no. (if applicable):

Company/Person:

Street:

ZIP code/City:

For the attention of:

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**Important information:**

**In case of an existing registration for the auditor to the ADP and the required entry-fee has been paid, please attach the related confirmation to this application form!**

**Payment by credit card:**

Card owner:

Card number:

CCV code:

Creditcard company:

Expiry date:

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VISA – MasterCard

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Date, Signature: Auditor:

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Date, Signature Official contact  
person Certification Body:

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