

# Application for admission for IATF 16949 3<sup>rd</sup> party auditors for IATF-recognized certification bodies

#### Preliminary remarks (valid for qualifications at the VDAQMC in Germany)

Before sending the application, please visit our website for registration for the desired date:

#### Training Registration (vda.de)

Please note that only the official contact person of an IATF-recognized certification body is authorized to submit the application for the auditor.

Please submit the following documents/evidence for each candidate:

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

The completed application form including all attachments, summarized in one pdf, shall be submitted by email to VDA QMC, Training and Professional Development:

#### E-Mail: seminare@vda-qmc.de

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

Please follow all current provisions and important information regarding IATF 16949 3<sup>rd</sup> 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 in order to be familiarize with the contents.



| Application date and place:  |  |
|--|--|
| Details of the IATF-recognize  | ed certification body  |
|  | ne and do not use abbreviations. Please do not fill in the names of departognized certification body. The following particulars will form the basis of a later entry |
| Certification Body:  |  |
| Street:  |  |
| Zip code, City:  |  |
| Country:   |  |
| Official contact person:   |  |
| Position/Title:  |  |
| Telephone:   |  |
| E-Mail:  |  |
| <ul><li>☐ Billing address - see abo</li><li>☐ Please send the bill to th</li></ul> |  |
| Company name:  |  |
| Street:  |  |
| Zip code, city:  |  |
| 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 website:

Zusatzinformationen - Verband der Automobilindustrie e. V. (VDA) (vdagmc.de)



#### **Auditor details**

| family name (and title): |  |
|--------------------------|--|
| given (and middle) name: |  |
| Date of birth:           |  |
| Telephone:               |  |
| E-Mail:                  |  |
| Company name:            |  |
| Function:                |  |

## Current company address of the auditor:

| Street:         |  |
|-----------------|--|
| Zip code, city: |  |
| Country:        |  |



| 1. Enr | olment  |                        |  |  |  |  |
|--------|---|------------------------|--|--|--|--|
|        | by the official contact person of the certification body.   |                        |  |  |  |  |
|        | of of qualification according to ISO/IEC 17021 and the relevant reditation 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. Pro | of of auditing experience add as  | s attachment 2a and 2b |  |  |  |  |
|        | Minimum of six (6) ISO 9001 3 <sup>rd</sup> 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      |  |  |  |  |
|        | Observation a minimum of one (1) complete IATF 16949 3rd Party Audit (excluding extraordinary audits) with a minimum duration of two (2) days. The corresponding confirmation from of the certification company must contain at least the following information: name, address and IATF number of the audited company, audit period and the name of the lead auditor. |                        |  |  |  |  |
| 4. Kn  | owledge in automotive core tools  | add as attachment 3    |  |  |  |  |
|        | Documented evidence (training certificates) of received training in automotive core to  | ols                    |  |  |  |  |
| 5a. Pr | actical 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.  |                        |  |  |  |  |
| ALTE   | RNATIVELY:  |                        |  |  |  |  |
|        | vidence of being a previously qualified ISO/TS 16949 or<br>TF 16949 3rd party auditor   | add as attachment 4    |  |  |  |  |
|        | Evidence to support the auditor's re-application for admission into the IATF Initial aud process, including the reasons for the deactivation within the previous 36 months before   |                        |  |  |  |  |
| 6. Fur | ther documents  | add as attachment 5    |  |  |  |  |
|        | Applicant's curriculum vitae  |                        |  |  |  |  |



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

| Date, Signature of the appl  | icant:                       |                          |                         |                     |  |  |  |
|--|------------------------------|--------------------------|-------------------------|---------------------|--|--|--|
| Date, Signature CB contac  | t person:                    |                          |                         |                     |  |  |  |
| Spelling of last name, first (CB contact person)   | name:                        |                          |                         |                     |  |  |  |
| To be completed by VDA QMC   | only                         |                          |                         |                     |  |  |  |
| The auditor candidate c  | omplies t                    | he following re          | quirements:             |                     |  |  |  |
| - is qualified according to ISO/IEC 17021 to conduct 3 <sup>rd</sup> party audits for ISO 9001 Yes No                              |                              |                          |                         |                     |  |  |  |
| - has conducted at least six (6) 3rd party audits to ISO 9001 in manufacturing industries, at least three (3) as audit team leader |                              |                          |                         |                     |  |  |  |
| - has knowledge of automotive specific core tools (FMEA, SPC, MSA or more)  Yes No   |                              |                          |                         |                     |  |  |  |
| - has four (4) years full time appro   | priate practio               | cal experience in the p  | astten (15) years       | ☐ Yes ☐ No          |  |  |  |
| - has proven that he/she was a qu  | ualified 3 <sup>rd</sup> par | ty auditor within the la | ast 36 months           | es 🗌 No 💝           |  |  |  |
| Applicant is approved  |                              |                          | ☐ YES                   | □ №                 |  |  |  |
| Remarks / Comments (e.g. mi  | ssing or inco                | omplete documenta        | tion / requests for add | ditional evidence): |  |  |  |
|  |                              |                          |                         |                     |  |  |  |
| Date:  | Application                  | n checked by:            |                         |                     |  |  |  |
|  | Signature:                   |                          |                         |                     |  |  |  |