

## Application for admission to the examination as 3rd party auditor (certification auditor) to VDA 6.4

Before sending the application, please visit our <u>website</u> for registration for the desired date. The completed application form including all attachments, summarized in one pdf, shall be submitted by e-mail to VDA QMC, Training and Professional Development: <u>seminare@vda-qmc.de</u>

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|-------------------------------------------------------------------------------|--------------------------|------------------|----------------|-----------------|-----------------|-----------------|
| Date of application:                                                          | /                        | /                |                | _               |                 |                 |
| The official contact person in the re auditor to take part in the seminar for | cognized certification b | on body is the   | e only person  | authorised to   | apply for the   | Э               |
| Details on the certification bo                                               | ody registered by        | y VDA            |                |                 |                 |                 |
| Certification Body:                                                           |                          |                  |                |                 |                 |                 |
| Street:                                                                       |                          |                  |                |                 |                 |                 |
| Zip code, City:                                                               |                          |                  |                |                 |                 |                 |
| Country:                                                                      |                          |                  |                |                 |                 |                 |
| Official contact person:                                                      |                          |                  |                |                 |                 |                 |
| Position / Title:                                                             |                          |                  |                |                 |                 |                 |
| Telephone:                                                                    |                          |                  |                |                 |                 |                 |
| E-Mail:                                                                       |                          |                  |                |                 |                 |                 |
| Auditor details  Please do not use any abbreviation VDA 6.x data bank.        | ns and use only offi     | cial titles. The | e following de | etails form the | e basis for lat | er entry in the |
| Title, last name, first name:                                                 |                          |                  |                |                 |                 |                 |
| Date of birth:                                                                |                          |                  |                |                 |                 |                 |
| Company name:                                                                 |                          |                  |                |                 |                 |                 |
| Department:                                                                   |                          |                  |                |                 |                 |                 |
| Street:                                                                       |                          |                  |                |                 |                 |                 |
| Zip Code, City:                                                               |                          |                  |                |                 |                 |                 |
| Country:                                                                      |                          |                  |                |                 |                 |                 |
| Telephone:                                                                    |                          |                  |                |                 |                 |                 |
| E-Mail                                                                        |                          |                  |                |                 |                 |                 |



| 1. | Application                                                                                                                                                                                                                                                                                                                                    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | By the manager or sector officer of the certification body for which the auditor operates                                                                                                                                                                                                                                                      |
| 2. | Evidence of knowledge of ISO 9001:2015                                                                                                                                                                                                                                                                                                         |
|    | Copy of the certificate of attendance or confirmation by the certification body                                                                                                                                                                                                                                                                |
| 3. | Evidence of technical training as QM auditor                                                                                                                                                                                                                                                                                                   |
|    | Qualification to ISO 9001 and ISO 19011 (EOQ training or the equivalent) or                                                                                                                                                                                                                                                                    |
|    | The auditor is a certified auditor for the automobile industry to VDA 6.1, VDA 6.2 or IATF 16949                                                                                                                                                                                                                                               |
| 4. | Evidence of audit experience                                                                                                                                                                                                                                                                                                                   |
|    | At least 4 complete 3rd party audits (covering at least 10 audit days) as lead auditor to ISO 9001, VDA 6.1, VDA 6.2 or IATF 16949  Note: Audit experience as 1st/2nd party auditor for an OEM in the automobile industry or as 2nd party auditor of a company in the automobile industry may be taken into account as additional information. |
| 5. | Evidence of professional experience                                                                                                                                                                                                                                                                                                            |
|    | 5 years' industrial experience as employee in a manufacturing company, of which 2 years in the production equipment industry and 1 year in a QM activity (the end of the activity must not be longer than 6 years ago)                                                                                                                         |
|    | Please confirm with copies of employment certificates / job descriptions.                                                                                                                                                                                                                                                                      |
| 6. | Evidence of successful participation in a VDA 6 seminar (ID 301)                                                                                                                                                                                                                                                                               |
|    | Copy of the qualification certificate covering "VDA $6$ – certification requirements for VDA $6.1$ , VDA $6.2$ & VDA $6.4$ "                                                                                                                                                                                                                   |
| 7. | Evidence of successful participation in qualification to VDA 6.4 (ID 317)                                                                                                                                                                                                                                                                      |
|    | Copy of the qualification certificate covering " VDA 6.4 - Qualification for 1st/2nd/3rd Party Auditor"                                                                                                                                                                                                                                        |



| Certification body stamp |  |  |  |
|--------------------------|--|--|--|
| Certification body stamp |  |  |  |
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| Application checked by:  |  |  |  |
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