

CB WAIVER REQUEST FORM

RULES FOR ACHIEVING AND MAINTAINING VDA 6.X CERTIFICATION REQUIREMENTS 6TH EDITION

CB Request / Confidential between VDA QMC and the CB

Please complete this application form including the relevant signatures and send it via mail or email to:

Email: vda6database@vda-qmc.de

Informationen zum aktuell gültigen VDA 6.X-Zertifikat des Auditors:

CB Name:

CB Request No.: *

VDA QMC Request No.:

**VDA 6. Certification Requirement
to be waived***

Reference to previously granted waiver:

VDA 6.0

Chapter No.:

VDA 6.1

Chapter No.:

VDA 6.2

Chapter No.:

VDA 6.2 Branch Location

VDA 6.4

Chapter No.:

VDA 6.4 Construction Site

Auditor

Keyword:

Enter information here if this Waiver request effects client or audit: *

Client Name: *

Client Address: *

VDA 6.x Cert.No.: **

CB Cert. No.:

Audit Typ:

Issue Date:

Expiration Date: *

Herewith we confirm, that the VDA 6.x certification database record was checked against accuracy and integrity!

CB WAIVER REQUEST FORM

RULES FOR ACHIEVING AND MAINTAINING VDA 6.X CERTIFICATION REQUIREMENTS 6TH EDITION

Enter auditor information here if this Waiver Request affects an auditor: *

Name of Auditor: *

Standard VDA 6.x: *

Auditor Cert. No.: **

Issue Date:

Expiration Date: *

Additional comments and information (if needed) on the site or auditor (e.g. details of last audit(s), number of ncs, etc.):

Additional comments and information (if needed) on the site or auditor (e.g. details of last audit(s), number of ncs, etc.):

Additional comments and information (if needed) on the site or auditor (e.g. details of last audit(s), number of ncs, etc.):

Request Date: *

Name of responsible Person: *

Instruction(s):

1. Enter all mandatory information in the above fields (mandatory fields are identified with a bold title and a * and ** if applicable)
2. Send the file ONLY to the Email: vda6database@vda-qmc.de

CB WAIVER REQUEST FORM

RULES FOR ACHIEVING AND MAINTAINING VDA 6.X CERTIFICATION REQUIREMENTS 6TH EDITION

DECISION OF VDA QMC OVERSIGHT OFFICE / DECISION FOR THIS REQUEST ONLY / NON-TRANSFERABLE

APPROVED

APPROVED WITH CONDITIONS

NOT APPROVED

8D-Report required

not later then:

Additional Comment(s) VDA 6. Oversight Office

[Large empty text area for additional comments]

Date:

Name of responsible VDA-QMC Person:

[Empty text box for date]

[Empty text box for name of responsible person]