

## Application for admission to the VDA 6.3 certified process auditors

### Preliminary remarks

Please submit the following documents to this application:

- proof of completion of a three-day auditor qualification course based on DIN EN ISO 19011 or a qualification for VDA Quality Manager and Internal Auditor
- proof of knowledge of the Automotive Core Tools
- proof of a least five years of full-time professional experience at the production company, at least two years in quality management (personal data sheet). Company apprenticeships can be taken into account for candidates with three years or more of professional experience

**Company apprenticeships are counted toward the candidate's professional experience at a rate of 50%, and only for candidates who have completed a dual course of apprenticeship/study in a technical profession at the production company. Company internships, time as a student trainee, etc. during the course of academic Bachelor's or Master's study programs cannot be counted toward a candidate's professional experience.**

All documents shall be submitted in English.

As soon as the candidate is admitted to the examination, a confirmation will be sent.  
Please do not make any travel arrangements before having received your confirmation.

The complete application shall be submitted by post or by e-mail to your training's office.

**Postal address:**

Central Japan Industries Association  
Shirakabe 3-12-13, Higashi-ku, Nagoya,  
Japan 461-8580  
Tel: +81 52 931 9824 Fax: +81 52 931 5198

**e-mail:**

iso@chusanren.or.jp

## Application for admission for certified process auditors VDA 6.3

### Applicant's Information:

Title, first name:	
Last name:	
Date of birth (DD.MM.YYYY):	

### Applicant's currently company address:

Company name:	
Department:	
Street:	
Zip Code:	
City:	
State:	
Country:	
Telephone:	
E-Mail:	

### Date of examination

Training places are assigned only and directly after a positive approval of the application. Information on dates can be found on our website at:

<https://www.chusanren.or.jp/>

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

<b>1<sup>st</sup> choice:</b>	
<b>2<sup>nd</sup> choice:</b>	
<b>3<sup>rd</sup> choice:</b>	

Please cross applicable box, enclose proofs and sign the application!

## 1. Qualification requirements

Proof of 3-day auditor qualification based on DIN EN ISO 19011

and

Proof of knowledge of the Automotive Core Tools

The training "Automotive Core Tools for Process and System Auditors" (ID 417) and the VDA qualification "Automotive Core Tools Professional" (ID 415) are recognized. Alternatively, evidence of a minimum two-day training about Automotive Core Tools by another training provider as well as the passing of an Automotive Core Tools online quiz is required. If the quiz is not passed, the "Automotive Core Tools for Process and System Auditors" course (ID 417) must be completed.

## 2. Working experience

Proof of at least five (5) years industrial experience including at least two (2) years in quality management

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

Date and signature of applicant: \_\_\_\_\_

To be filled in by the training organisation:

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 checked by:		
	Signature:		

A p p e n d i x (添付資料)

Date (作成日) : . .

Name (ローマ字) : First name

Family name

Sign (署名) :

**2. Proof of at least five (5) years industrial experience including at least two (2) years in quality management** (2年以上のQMを含む5年の製造業界での業務経験)

From (期間: 年月)	To	Company (会社名)	Company product (主な製品)	Department/ Position (所属/役職)	Responsibility (業務内容)

We herewith confirm the accuracy of the information given in section 2. (上記2. が正しいことの証明)

---

Date, name and signature managing director or QM manager (日付、QM マネージャーの署名)

## Application for admission for certified process auditors VDA 6.3

### Applicant's Information:

Title, first name: 名	Taro
Last name: 氏	Yamada
Date of birth (DD.MM.YYYY): 生年月日	31.12.1970

### Applicant's currently company address:

Company name: 社名	Cyu-San-Ren
Department: 部署名	ISO Division
Street: 住所(番地・村・町・区)	3-12-12, Shirakabe, Higashi-ku,
Zip Code: 郵便番	461-8580
City: 市	Nagoya
State: 都道府県	Aichi
Country: 国名	Japan
Telephone: 電話番号	+81-52-931-9824
E-Mail: メールアドレス	iso@chusanren.or.jp

### Date of examination

Training places are assigned only and directly after a positive approval of the application. Information on dates can be found on our website at:

<https://www.chusanren.or.jp/>

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

参加日初日を記入(日/月/年)

1 <sup>st</sup> choice:	18.02.2022
2 <sup>nd</sup> choice:	
3 <sup>rd</sup> choice:	

Please cross applicable box, enclose proofs and sign the application!

## 1. Qualification requirements

ISO19011 に基づく 3 日間以上の監査員研修の修了証書

Proof of 3-day auditor qualification based on DIN EN ISO 19011

and

Proof of knowledge of the Automotive Core Tools

コアツールの知識の証明(ID417 コアツール研修の修了証書のコピー)。または他機関の2日間以上のコアツール研修の修了証書のコピー+コアツールオンラインクイズ合格証のコピーでも可。

The training "Automotive Core Tools for Process and System Auditors" (ID 417) and the VDA qualification "Automotive Core Tools Professional" (ID 415) are recognized. Alternatively, evidence of a minimum two-day training about Automotive Core Tools by another training provider as well as the passing of an Automotive Core Tools online quiz is required. If the quiz is not passed, the "Automotive Core Tools for Process and System Auditors" course (ID 417) must be completed.

## 2. Working experience

Proof of at least five (5) years industrial experience including at least two (2) years in quality management

2年以上の品質管理を含む5年以上の製造業経験

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

Date and signature of applicant:

17.02.2022 山田 太郎 (←直筆サイン)

記載に間違いがないことの証明：日/月/年 氏名のサインを記入

ここには何も記入しないでください。

To be filled in by the training organisation:

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 checked by:		
	Signature:		

Appendix (添付資料)

Date (作成日) : 10.02.2022

Name (ローマ字) : First name Taro

Family name Yamada

Sign (署名) : 山田 太郎

自筆サインをお願いします!

**2. Proof of at least five (5) years industrial experience including at least two (2) years in quality management** (2年以上のQMを含む5年の製造業界での業務経験)

From (期間: 年月)	To	Company (会社名)	Company product (主な製品)	Department/ Position (所属/役職)	Responsibility (業務内容)
5.2015	2.2022	Chu-San-Ren	automotive components	ISO Division	Quality Control

開始年月/年

終了(又は現在の)年月/年

We herewith confirm the accuracy of the information given in section 2. (上記2. が正しいことの証明)

自筆サインをお願いします!

11.10.2016 Ichiro Tanaka

Date, name and signature managing director or QM manager (日付、QM マネージャーの署名)