

Application for admission to the examination for re-qualification for 1st/2nd party auditors of IATF 16949

Preliminary remarks

Please submit the following documents for each candidate:

- this completely filled in application form
- proof of conducted 1st/2nd party audits of IATF 16949 (see table)
- a copy of your certificate or your auditor card

All documents shall be submitted in English.

The complete application shall be submitted by post or by mail to your training 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

Please follow all current provisions and important information regarding the application communicated previously!

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

**Application for admission to the examination for re-qualification
for 1st/2nd party auditors of IATF 16949**

Application for admission for 1st/2nd party auditors of IATF 16949

Title, first name of the applicant: _____

Last name of the applicant: _____

Date of birth (dd.mm.yyyy): _____

Applicant's actual company address:

Company name: _____

Department: _____

Street: _____

Zip Code, City: _____

State: _____

Country: _____

Telephone: _____

E-Mail: _____

Date of examination:

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

1st choice: ____ / ____ / ____

2nd choice: ____ / ____ / ____

3rd choice: ____ / ____ / ____

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(Please cross applicable box, enclose proofs, signature: applicant)

1. Proof of conducted IATF 16949 1st/2nd party Audits*

- ☐ Applicant conducted **at least three complete** IATF 16949 1st/2nd party audits in the past three years
- ☐ Applicant conducted **less than three complete** IATF 16949 1st/2nd party audits in the past three years

* ISO/TS 16949:2009 audits are **NOT** accepted.

Please enter the conducted audits in the list on page 4 and let it sign by the head of quality management.

Please note: If the required proof of audits is not sufficient, the applicant must attend the appropriate training additionally.

2. Proof of IATF 16949 auditor qualification

- ☐ Copy of certificate

I herewith confirm that the information given is correct.

Date, name, signature of the applicant

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Regarding section 1: Proof of auditing experience

Please enter the conducted IATF 16949 audits in the following table:

Audit date	Duration (days)	Company	Audit standard	Auditor role	non audited parts of the organisation (if appropriate)

We herewith confirm the accuracy of the information given in section 1.

Company Stamp

Date, name and signature of a board member or the QM manager

To be filled in by the training organisation:

Applicant will be granted admission to the examination for re-qualification:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant shall attend the workshop additionally.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant shall attend the 3-day qualification course.		<input type="checkbox"/> Yes	
The following missing documents shall be submitted in addition:			
Date:	Application checked by:		
	Signature:		