**Application Form for Admission to**

**VDA 6.3 – Examination for Certified Process Auditor**

Please submit the following documents to apply for the program:

* **A completed and signed application form (pages 2 and 3 of this document)**
* **A copy of your auditor qualification**  (Attachment 1)

Evidence of an auditor qualification to DIN EN ISO 19011, ISO 9001, ISO/TS 16949, IATF16949 or VDA Quality Manager and Internal Auditor or Auditor to VDA 6.1, 6.2 or 6.4**.   This would be shown in the form of a certificate**. The class you attended must have been at least 24 hours in length.

**OR**

Evidence of the participant’s audit experience.  **This can come in the form of an excel spreadsheet/word document that lists the audits conducted (by year, how many conducted that year, internal or external audit, company audit performed for and what standard was audited to).  A minimum of 10 should be listed.**Note: An audit conducted within your own company is considered an internal audit, unless it is conducted at a different site than you work at, in which case it is considered an *external* audit.

* **Proof of 5 years industrial experience including at least 2 years in QM** (Attachment 2)

You should submit a résumé/bio that clearly lists a minimum of 5 years of industrial experience, preferably in the automotive industry, of which a minimum of 2 years are in the Quality Management (QM) System area.

* **A digital passport photo of the applicant for the auditor card** (Attachment 3)

An electronic photo, similiar to a passport photo (head shot only), in JPG format. Note: A head and shoulder picture taken by a cell phone will meet this requirement.

Please submit your complete registration package to trainingcontact@aiag.org. Once the application has been reviewed and approved, you will receive a confirmation via email.

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**Applicant Information**

FIRST and MIDDLE Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate below the course dates of your choice.

* 1st choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 2nd choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 3rd choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist: Application Form for Admission to**

**VDA 6.3 – Examination for Certified Process Auditor**

*Please check off the applicable box(es), enclose supporting documents for each Appendix and sign the form.*

**1. Technical Requirements**

to be attached as **Appendix 1**

**[ ]**  Copy of your auditor qualification

(See Page 1 of this application for details on what is required.)

**2. Career Experience**

to be attached as **Appendix 2**

[ ]  Proof of at least 5 years industrial experience including at least 2 years in Quality Management area

(See Page 1 of this application for details on what is required.)

to be attached as **Appendix 3**

3. Additional Documents

**[ ]** Digital head and shoulders photo of the applicant for the auditor card in JPG format

 (See Page 1 of this application for details on what is required.)

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

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## To be completed by VDA QMC Licensee (AIAG):

|  |
| --- |
|  **The applicant is admitted:**  [ ]  **Yes** [ ]  **No** |
|  The following missing or incomplete documents must be submitted as quickly as possible: |