**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, IATF 16949 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 (3-days) in length.

* **Proof of 5 years of full-time professional experience at a Production Company and at least two years of which must have been in the Quality Management area** (Attachment 2)
* 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.
* **A head & shoulders digital photo of the applicant for the auditor card** (Attachment 3)

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

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

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

**Applicant Work Information:**

FIRST and MIDDLE Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
LAST Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Company Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Company 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 boxes below. Please provide the supporting documentation when submitting this application and also ensure that you 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.)

I herewith confirm that the information provided in this application and in the documents submitted are true. I authorize AIAG to share this information with VDA QMC.

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: |