# IATF 16949 3rd Party New Auditor Training & Assessment Application – Part 2 – Registration Form

Please complete this form **electronically** and email it to AIAG Training at thirdpartycert@aiag.org. Applications must be received a minimum of 4 weeks prior to desired Training & Assessment date.

**Transfer/Cancellation Policy:**

ALL requests must be received in writing. Transfers requested 10 or more business days prior to the training and Assessment start date will be charged a $300 administrative fee. Only one transfer is allowed. Transfers requested less than 10 business days prior to the training and Assessment start date agree to forfeit all fees. Cancellations requested at least 10 business days in advance will receive a refund minus a $500 administrative fee. Cancellations requested less than 10 business days in advance will forfeit all fees.

## AUDITOR INFORMATION

First (Given) Name: _____ Last (Family) Name: _____

Phone: _____ E-mail: _____ Location (Country): _____

Main Language: _____ Other Languages: _____

## TRAINING and ASSESSMENT DATE REQUEST:

***Space is on a first-come, first-serve basis. Please note that if an exam date is not selected, one will be assigned to you and cannot be changed. Please do not make travel arrangements until you receive your confirmation letter.***

**Training & Assessment Date Requested:**

**1st Choice Date:** _____ **Location:** _____ **Price:** _____

**1st Choice Exam Date:** _____

**2nd Choice Date:** _____ **Location:** _____ **Price:** _____

**1st Choice Exam Date:** _____

## ADP CERTIFICATES:

***Please attach a Certificate of Completion for the following:***

- IATF 16949 Training and Quiz
- Rules 6 Training and Quiz
- Knowledge Pre-Study Exams
- Process Approach Training
- AIAG-VDA FMEA Training and Quiz
- MSA and SPC Training and Quiz

***Please note that the Sponsorship Balance Fee of $1,250 will need to be paid prior to registration to the four-day training session. This can be done directly through the ADP profile, please ensure that this has been completed.***

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**Payment (form of payment *must* accompany registration):**

Credit Cards Accepted: VISA, Mastercard and American Express

☐ Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ Security Code: _____

Signature: _____

☐ Wire Transfer (requires an additional $25.00 fee). Please provide the Bill To information for the invoice:

_____

_____

**SPONSORING CERTIFICATION BODY (Must match Official Contact form information on file with AIAG)**

This section MUST be completed by a person authorized by the Sponsoring Certification Body's Contracted Office.

Certification Body: _____ Oversight Office: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

*AIAG complies with required Office of Foreign Asset Control (OFAC) regulations.*

**By signing below, I certify that all of the information provided on this Form is correct. I also authorize AIAG to share this information with the IATF as needed.**

**Official Contact Person's Name (Please print):** _____

**Signature and Date:** _____