

# IATF 16949 3<sup>rd</sup> 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](mailto: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 do not make travel arrangements until you receive your confirmation letter.***

### Training & Assessment Date Requested:

1<sup>st</sup> Choice Date: \_\_\_\_\_ Location: \_\_\_\_\_ Price: \_\_\_\_\_

1<sup>st</sup> Choice Exam Date: \_\_\_\_\_

2<sup>nd</sup> Choice Date: \_\_\_\_\_ Location: \_\_\_\_\_ Price: \_\_\_\_\_

1<sup>st</sup> Choice Exam Date: \_\_\_\_\_

## ADP CERTIFICATES:

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

- IATF 16949 Training and Quiz
- Rules 5 Training and Quiz
- Knowledge Pre-Study Exams
- FMEA and Control Plan 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:** \_\_\_\_\_