

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 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 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: _____