**REGISTRATION FORM - PART 1 APPROVAL APPLICATION**

Please complete this form and send it by e-mail to [fabienne.motreff@euro-symbiose.fr](mailto:fabienne.motreff@euro-symbiose.fr) and [oversight@iatf-france.fr,](mailto:oversight@iatf-france.fr) for approval of the application by the Oversight Office IATF France.

By completing this form, you undertake to ensure that the information provided is an accurate reflection of reality.

# Contact details of the candidate auditor

|  |  |
| --- | --- |
| First name : |  |
| Last name : |  |
| Email : |  |
| Country : | \_ |
| Language selection on the ADP platform: |  |

**Languages available on the ADP (Auditor Development Process) platform: Chinese, Czech, English, French, German, Italian, Japanese, Korean, Polish, Portuguese (Brazilian), Russian, Spanish (Latin), Spanish (Castilian).**

For information: the above data will be used to create the candidate auditor's account on the ADP platform.

# Details of the certification body sponsoring the applicant

This section must be completed by a person authorised by the contracting entity of the certification body.

By signing this form, this authorised person confirms that all the information provided in this form is accurate.

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| --- |
| Certification Body : |
| Name of certifying contact: |
| Title/function of contact person Certifier : |
| Certificate contact email : |
| Telephone no. (including international dialling code) of the contact Certifier : |

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| Full address (including postcode and country) : |
| Signature : |
| Date : |

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***Selection criteria for IATF 16949 auditor candidates (to be completed by the certifier contact)***

In accordance with chapter 4.2 of the Rules - 6th edition.

**By checking the box corresponding to each criterion met, the certifier body undertakes to ensure that the information and supporting documents provided are an accurate reflection of reality and of the expected criteria.**

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| a) | ☐ | The auditor is qualified according to ISO/IEC 17021-1 and the relevant accreditation body’s requirements to perform ISO 9001 audits.  ***Please enclose a copy of the certificate.*** | |
|  |  | ☐ | ISO 9001 certified auditor |
|  |  | ☐ | ISO 9001-certified audit team leader |
| b) | ☐ | The auditor has conducted at least six (6) ISO 9001 third-party audits in manufacturing industries, and at least three (3) of those as an audit team leader.  *Note: Automotive manufacturing first- or second-party system auditing experience may be considered.*  ***Please attach a detailed audit statement.*** | |
| Number of ISO 9001:2015 third-party audits carried out : | | | |
| Number of ISO 9001:2015 third-party audits carried out as audit manager : | | | |
| c) | ☐ | The auditor is competent in automotive core tools (at minimum FMEA, MSA, and SPC)  *Note: Documented evidence must demonstrate the way in which competency was achieved (i.e., education and/or training with examination and/or experience in application).*  **Please attach the auditor's CV demonstrating this knowledge and skill.** | |
| d) | ☐ | The auditor has four (4) years of full-time appropriate practical experience, including two (2) years dedicated to quality assurance and/or quality management activities, within the past fifteen (15) years in an automotive manufacturing organization.  *Note: Experience in non-automotive manufacturing industries may be considered and may supplement experience in the automotive manufacturing industry but shall not replace it.*  ***Please attach the auditor's CV demonstrating this experience.*** | |
| e) | ☐ | The auditor observed a minimum of one (1) IATF 16949 third-party audit, excluding special audits, from the beginning through the end, lasting a minimum of two (2) audit days.  ***Please attach proof of this observation.*** | |

**IATF France decision (to be completed by IATF France) after full review of the dossier**

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| --- | --- |
| ☐ | The application meets the selection criteria set out in § 4.2 of the 6th edition of the Rules |
| ☐ | The application does not meet the selection criteria set out in § 4.2 of the 6th edition of the Rules |

|  |  |  |
| --- | --- | --- |
| Date | Last name | Signature |
|  |  |  |