**REGISTRATION FORM – PART 2 TRAINING SESSION / EXAMINATION**

Please complete this form and send it by e-mail to fabienne.motreff@euro-symbiose.fr and oversight@iatf-france.fr,

# Contact details of the candidate auditor

|  |  |
| --- | --- |
| First Name : |   |
| Family Name : |   |
| Email : |   |
| Country : | \_  |
| Working language: |   |
| Other languages used : |   |

For information: if the candidate auditor is successful, the above data will be entered in the IATF database.

#  Preferred training/examination dates

|  |  |
| --- | --- |
| Training organisation: | EURO-SYMBIOSE |
| Training dates : |  |
| Exam date : |  |
| Date of Pre-Meeting (if online exam) : |  |
| Location (Carquefou or Barcelona or virtual): |  |

Seats are allocated on a "first come, first served" basis, and are guaranteed only when :

* **the ADP certificates mentioned below have been received,**
* **the registration form Part 2 has been received.**
* **The payment form (Part 3) has been received**

As the examination must take place within 1 to 3 months of the end date of the training, an examination date is systematically allocated to a training session. Euro-Symbiose can provide you with this schedule.

The first online exam session requires you to attend a preparatory meeting beforehand (Pre-Meeting).

Prerequisites for the training/examination session: online ADP modules

Certificates must be obtained for the following modules:

* IATF 16949 Training and Quiz (successful pass)
* Rules 6 Training and Test (successful pass)
* Process Approach Training (completion)
* AIAG-VDA FMEA Handbook Training and Quiz (successful pass)
* MSA and SPC Training and Quiz (successful pass)
* Knowledge Pre-Study Exams (completion)

Without these certificates, the candidate will not be accepted into the IATF 16949 New Third-Party Auditor training and assessment programme.

#  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.

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

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Please note that the results of the examination session and all the results of the training and examination process will be sent to the person whose name appears on the official list of IATF certifying bodies.

(see [www.iatfglobaloversight.org](http://www.iatfglobaloversight.org/).)

**Useful information**

Detailed information on the ADP registration procedure: <https://support.iatfadp.com/>

Information on the training/examination procedure for new IATF 16949 third-party auditors: see IATF CB COMMUNIQUE # 2024-005, as well as any updates or new related documents published on the [www.iatfglobaloversight.org](http://www.iatfglobaloversight.org/) website.