

**Preliminary remarks**

Please submit the following documents for each candidate:

- this completely filled in application form
- a copy of your certificate or your auditor card
- proof of auditing experience (see table)
- proof of knowledge of the Automotive Core Tools
- digital passport photo of the applicant for the auditor card

All documents shall be submitted in English or German language.

**The administrative fee amounts to 200 EUR exclusive of VAT and includes the review of application, issue and sending of a new VDA certificate, a new auditor card as well as the VDA database entry.**

The complete application shall be submitted by post or by mail to your training office.

**Postal address:**

**e-mail:**

ÖQA Zertifizierungs-GmbH  
 attn. Mrs. Silvia Siegel  
 Gonzagagasse 1/27  
 1010 Vienna  
 Austria

[oeqa@qualityaustria.com](mailto:oeqa@qualityaustria.com)

Please follow all current provisions and important information with regard to the application communicated previously!

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Erstellt am 05.03.2021 Christina Mahr	Geprüft am 05.03.2021 Christina Mahr	Freigegeben am 05.03.2021 Martina Winter
Dateiname: FO-05-003 ID340_Extension VDA certificate Certified_Process-auditor_VDA 6.3_EN_2016_V06		
ÖQA Zertifizierungs-GmbH, A-1010 Wien, Gonzagagasse 1/27 <a href="mailto:oeqa@qualityaustria.com">oeqa@qualityaustria.com</a> ; <a href="http://www.qualityaustria.com">www.qualityaustria.com</a> ; <a href="http://www.austriaguetezeichen.at">www.austriaguetezeichen.at</a>		Papierausdrucke unterliegen nicht dem Änderungsdienst Seite 1 von 4

**Application for extension for certified process auditors VDA 6.3**

Title, first name of the applicant: \_\_\_\_\_

Surname of the applicant: \_\_\_\_\_

Date of birth (dd.mm.yyyy): \_\_\_\_\_

Applicant's actual company address:

Company name: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

Zip Code, City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Alternative billing address:

Company name: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

Zip Code, City: \_\_\_\_\_

Country: \_\_\_\_\_

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*(Please cross applicable box, enclose proofs, signature: applicant)*

**1. Proof of the validity period**

- Copy of the current certificate
- Copy of the current auditor card

**2. Proof of auditing experience\***

- At least 5 (five) process audits and/or potential analysis (with in total at least 10 audit days) as responsible auditor in the period of validity of the qualification. Internal as well as external process audits are accepted.
- A maximum of two (2) process audits can be conducted as remote or hybrid audits. As soon as an audit is partially performed remotely, it is considered a hybrid audit. The following VDA recommendation provides guidance on the subject of VDA 6.3 remote audits: [VDA6.3 Remoteaduits EN](#)

Please enter the conducted audits in the list on page 4 and have this confirmed with the signature of the QM manager or managing director.

\* If evidence of the required audit experience cannot be provided, the qualification can be extended only by attendance at a "VDA 6.3 – Workshop for certified process auditors" (ID 341):

- Certificate of attendance of "VDA 6.3 – Workshop for certified process auditors" (ID 341)

**3. Proof of knowledge of the Automotive Core Tools**

- Certificate of qualification of "Automotive Core Tools for System and Process Auditors" (ID 417)

or

- Certificate of attendance / certificate of VDA qualification "Automotive Core Tools Professional" (ID 415, 416 and possibly ID 450)

or

- Proof of passed Online Quiz "Automotive Core Tools"\*\*\*

\*\*\* If the quiz is not passed, the training "Automotive Core Tools for System and Process Auditors" (ID 417) must be completed.

**I herewith confirm that the information given is correct.**

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Date, name and signature of the applicant

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**Re Section 2: Proof of audit experience**

Please enter the conducted process audits and/or potential analysis in the following table (at least 5 audits with in total at least 10 audit days in the period of validity of the qualification):

A maximum of two (2) process audits can be conducted as remote or hybrid audits. As soon as an audit is partially performed remotely, it is considered a hybrid audit.

Audit-date	Number of audit days	Audited Organization	Audited process(es)	Type of the Audit		On-site audit	Remote-audit	Hybrid-audit
				Process Audit	Potential Analysis			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We herewith confirm the accuracy of the information given in section 2.

Company Stamp

\_\_\_\_\_  
Date, name and signature managing director or QM manager

To be filled in by the training organisation:

<b>Extension approved:</b>		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
The following documents are missing / incomplete and must be provided in full:			
Date:		Application checked by:	
		Signature:	

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