



## Application for Admission to the Examination for VDA 6.3:2023 Certified Process Auditors

## **Preliminary Remarks**

Please submit the following documents with this application:

- Copy of your certificate of qualification or booking confirmation for the training "ID381 VDA 6.3:2023 Process Auditor – Qualification"
- Proof of completion of a three-day auditor qualification course based on DIN EN ISO 19011 (e.g. VDA Auditor)
- Proof of knowledge of the Automotive Core Tools
- Proof of a minimum of five years' full-time professional experience, preferably in manufacturing companies within the automotive industry, including at least two years' experience in quality-related fields of activity (curriculum vitae). Company apprenticeships can be considered for candidates with three years or more of professional experience

Company apprenticeships are counted toward the candidate's professional experience at a rate of 50%, and only for candidates who have completed a dual course of apprenticeship/study in a technical profession at a production company. Company internships, time as a student trainee, etc. during the course of academic Bachelor's or Master's study programs cannot be counted toward a candidate's professional experience.

All documents shall be submitted in English or national language.

As soon as the candidate is admitted to the examination, a confirmation will be sent.

Please do not make any travel arrangements before having received your confirmation.

The completed application and documents should be sent to: <a href="mailto:enquiries@ht-a.solutions">enquiries@ht-a.solutions</a>





## Application for Admission for VDA 6.3 Certified Process Auditors

| Applicant's Information:                                   |                         |                                |                                |  |
|--|-------------------------|--------------------------------|--------------------------------|--|
| Title:   |                         |                                |                                |  |
| First Name:  |                         |                                |                                |  |
| Last Name:   |                         |                                |                                |  |
| Date of Birth (DD.MM.YYYY):                                |                         |                                |                                |  |
|  |                         |                                |                                |  |
| Applicant's Current Compar                                 | y Information:          |                                |                                |  |
| Company Name:  |                         |                                |                                |  |
| Department:  |                         |                                |                                |  |
| Street:  |                         |                                |                                |  |
| Zip Code:  |                         |                                |                                |  |
| City:  |                         |                                |                                |  |
| State:   |                         |                                |                                |  |
| Country:   |                         |                                |                                |  |
| Telephone:   |                         |                                |                                |  |
| E-Mail:  |                         |                                |                                |  |
| Date of Examination  |                         |                                |                                |  |
| Training places are assigned dates can be found on our web |                         |                                | he application. Information on |  |
| Optional: Please indicate below er, it is not guaranteed.  | v the dates of your o   | choice. If possible, we will a | ssign you accordingly. Howev-  |  |
|  | 1st Choice:             |                                |                                |  |
|  | 2 <sup>nd</sup> Choice: |                                |                                |  |
|  | 3 <sup>rd</sup> Choice: |                                |                                |  |





Please cross the applicable box, enclose proofs and sign the application:

| 1. Proof of VDA 6.3 Training   |  |  |  |
|--|--|--|--|
| ☐ Copy of certificate of qualificate   | ation of the training "VDA 6.3:2023 – Process Auditor – Qualification" (ID 381)  |  |  |
| 2. Qualification Requirements  | 8  |  |  |
| ☐ Proof of 3-day auditor qualific  | cation based on DIN EN ISO 19011 (course duration in total at least 3 days)  |  |  |
| 3. Automotive Core Tools   |  |  |  |
| ☐ Proof of knowledge of the Au   | tomotive Core Tools  |  |  |
| ☐ Additional Documents   |  |  |  |
| The training "Automotive Core Tools for System and Process Auditors" (ID 417 starting from 2019) and the VDA qualification "Automotive Core Tools (ACT) for Quality Management in the Automotive Industry" (ID 415 starting from 2022) are recognized. |  |  |  |
| training provider as well as passii  | ation in a minimum two-day training about Automotive Core Tools by another ng of the Automotive Core Tools online quiz is required. If the quiz is not Core Tools for System and Process Auditors" (ID 417) must be completed. |  |  |
| 4. Working experience  |  |  |  |
|  | ) years' full-time professional experience, preferably in manufacturing compadustry, including at least two years' experience in quality-related fields of activity  |  |  |
| Herewith I confirm that the statements made in this application and in the documents submitted are true:   |  |  |  |
| Date and Signature of Applicant:   |  |  |  |
| To be filled in by the training of   | organisation:  |  |  |
| The applicant is admitted:   | ☐ Yes ☐ No   |  |  |
| The following missing or incomp  | plete documents must be submitted as quickly as possible:  |  |  |
| Date:  | Application Checked By:  |  |  |
|  | Signature:   |  |  |