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| **Site to be Certified** | | |
| Company name |  | |
| Address |  | |
| Please indicate whether your company meets the eligibility requirements detailed within rules 1.0 for certification or 5.14 for a letter of conformance | | Letter of Conformance (LoC) |
| Certification |

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| **Main Contact Person** | | | |
| Name |  | Position |  |
| E-mail |  | Phone |  |

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| **Headcount** | | | | | | | | |
| Total number of employees at the site and any associated extended Sites | | | | | |  | | |
| **Of these how many are:** | | | | | | Average Daily workers  (6 months average) | |  |
| Permanent |  | Part Time |  | Contract |  |  |
| Temporary |  | RL-1 |  | RL-2 |  | RL-3 | |  |
| RL-4 |  | RL-5 |  | RL-6 |  | RL-7 | |  |
| Are you applying for site separation and if so can you confirm that you meet the applicability requirements detailed in rules 5.2h | | | | | | | yes | no |
| RL- Employees from the Remote support functions shall be apportioned to the site  Add rows for more Remote support locations (if needed) | | | | | | | | |

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| **Site Details** | |
| Language of the audit |  |
| Language of the report |  |
| Is the site currently under any customer special status such as NBH, CSII, or Q1 Revocation etc.? |  |
| If applicable please name any legal obligations concerning the product and / or contract with your client |  |
| Are there any requirement which must be considered when selecting the audit team (occupational safety, national regulations, Security clearance, etc.)? |  |

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| **Name** | **Supplier code** | | **Name** | **Supplier code** | **Name** | **Supplier code** |
| BMW |  | | Geely Group |  | Mercedes-Benz Group AG |  |
| FCA US LLC |  | | IVECO Group |  | Stellantis (ex PSA) |  |
| FCA Italy Spa |  | | Jaguar Land Rover Limited |  | Renault Group |  |
| Ford Motor Company |  | | General Motors |  | Volkswagen AG |  |
| All other Automotive customers | | **Yanfeng Seating d.o.o.** | | | | |
| Please enter for all those IATF OEMs to which you currently deliver the relevant supplier codes in the above table. If a supplier code has not yet been issued to you, please enter “TBD” (to be determined) instead. If you do not deliver to the above listed IATF OEMs, please enter N/A (not applicable). | | | | | | |

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| **Do you have design responsibility for IATF 16949?** | yes | no |
| **If the answer is “NO”, pls. list related evidences:**  Customer provides  Product drawings  Technical specifications  3D digital models  Others, pls. specify them .  The to be certified client does not have the authority to revise them. | | |
| **In case of additional ISO 9001 certification: Do you have design responsibility for ISO 9001?** | yes | no |

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| **Are there any outsourced processes?**  If Yes please list the processes below? | yes | no |
|  | | |

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| **Was the development and / or implementation of the management system supported by a consultant / consulting company?**  If yes, please name the consultant / consulting company: | yes | no |
|  | | |

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| **Did you contract any other services from a TÜV Rheinland company before (training / consulting) in:**   1. Implementation support in IATF 16949 2. Core Tools (APQP, FMEA, SPC, MSA, PPAP) 3. Lean Manufacturing 4. Six Sigma 5. Internal audits 6. Any other training / contractual agreement?   If yes, please list which services in which year: | yes | no |
| **Contracted other services from a TÜV Rheinland company:** | **Date:** | |
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**Certficate Details**

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| **Please mark desired Standards** (Please add standard, if not listed) | | | | | | | | | | | |
|  | **ISO 9001** |  | **IATF 16949** |  | **IATF 16949 LoC** |  | **VDA 6.1** |  | **VDA 6.2** |  | **VDA 6.4** |

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| **Which Scope (wording) should the certificate have?**  Please describe briefly the object of the company and its main activities (product and services).  If scopes for ISO 9001 and IATF 16949 are different please indicate both. | |
| Scope IATF 16949: |  |
| Scope ISO 9001: |  |

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| **Existing Certifications:** | **Issuer** | **IATF / Certificate No.** | **Valid until** | **Certificate Status** |
| ISO 9001 |  |  |  |  |
| VDA 6.x |  |  |  |  |
| IATF 16949 |  |  |  |  |

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| **Was your company certified according IATF 16949 at any time in the past?** | | | | yes | no |
| If “Yes”: Why did you stop certification? |  | | | | |
| If transferring please describe the reasons for a seeking a transfer. |  | | | | |
| PLEASE NOTE: For any existing or previous certification to IATF 16949 please supply copies of all audit reports for this site and any remote support locations from the previous three (3) year audit cycle and evidence that all nonconformities are closed  In case the applied audit structure is changed comparing to previous audit, pls. clarify the reason here: ……..  If yes, pl fill "2.1.10 Risk Evaluation Checklist if a clients site leaves or join a Corporate Scheme" & share with TUVR | | | | | |
| **Certification structure(s). (Which certification structure shall be applied?)** | | | | | |
| Single manufacturing site | | |  | | |
| Corporate audit scheme | | |  | | |
| Single manufacturing site with extended manufacturing site(s) | | |  | | |
|  | | |  | | |
| **Extended Site Details (If applicable):** | | | | | |
| Name and Address | | Headcount of the Extended Site | | Activities of the Extended Site | |
|  | |  | |  | |
| PLEASE NOTE: For each Extended Site a completed Extended Site Request form will also need to be completed | | | | | |

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| **Site move details (If applicable):** | | | | | |
| Partial site move | | | |  | |
| Full site move | | | |  | |
| PLEASE NOTE: The “Site Move Request form” will need to be completed additionally. | | | | | |
| **Remote Support Locations Details (If applicable):** Remote support location(s) providing support to the manufacturing site to be certified | | | | | |
| No. | Name and address:\* | Applicable functions: | Headcount | | Certified By:\*\* |
| RL-1 |  |  |  | |  |
| RL-2 |  |  |  | |  |
| Add rows for more Remote support locations (if needed)  \*\*Activities performed at the client’s location could be considered a remote supporting function and would need to be included as part of the audit. (\*\* if certified: a copy of the audit plan, audit report, all findings, all corrective actions and all verification actions by the other certification body must be submitted)  Add | | | | | |

## Support activities to a manufacturing site(s) provided from the location to be certified

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| Name and address:\* | Applicable functions: |
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| \*Activities performed at the client’s location could be considered a remote supporting function and need to be included as part of the audit. | |

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| **Overview of the potential supporting functions:** | | | |
| **AFSA** - aftersales; | **FACI** - facility management; | **MR** - Management review; | **SERV** - servicing |
| **CALI** - calibration; | **FIN** - finance; | **PACK** - packaging; | **SEQU** - sequencing; |
| **CI** - continuous improvement; | **HR** - human resources; | **PED** – prod. equipment dev.; | **STRA** - strategic planning; |
| **CONT** - contract review; | **IAM** - internal audit mgmt.; | **POL** - policy making; | **SUPP** - supplier mgmt.; |
| **CORP** - QMS mgmt.: | **IT** - information technologies; | **PROC** - process design; | **TEST** - testing; |
| **CUST** - customer service; | **LABO** - laboratory; | **PUR** - purchasing, | **TRAI** - training; |
| **DESN -** product design; | **LOG** - logistics; | **REP** - repair; | **WARE** - warehousing; |
| **DIST** - distribution; | **MAIN** - maintenance; | **RD** - R&D; | **WARR** - warranty mgmt.; |
| **ENGG** - engineering; | **MARK** - marketing; | **SALS** - sales; |  |

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| **Completed By:** |  | **On Behalf of:** |  | **Date:** |  |