

Record sheet for releasing persons

(Please fill in completely and legibly!)

Relevant documents for the approval of auditors have to be submitted at the latest 6 weeks before the training.

Only complete applications can be processed.

First approval

Reapproval

Extension of approval

A. Applicant

Name of certification body: _____

Name of responsible person: _____

Phone: _____

E-Mail: _____

B. Releasing person

Surname: _____

First name: _____

Date of birth: _____

**Personal email address
releasing person:** _____

**Professional degree
(proof required):** _____

| Area of approval | Approval is requested for |
|---------------------|---------------------------|
| Agriculture Pig | <input type="checkbox"/> |
| Agriculture Poultry | <input type="checkbox"/> |
| Meat sector | <input type="checkbox"/> |

Enclosures:

| | Yes | No | Comments | To be submitted until: |
|---|--------------------------|--------------------------|----------|-----------------------------------|
| Proof of a professional degree (copy) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Curriculum vitae | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| List of qualified (witness) audits | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| List of released qualified audits | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| If necessary, certificates of competence | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Proof of internal training by the certification body | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Conducted on: _____ |
| Declaration of Consent regarding the use of personal data | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Registration for training by the sponsoring company | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Date of training: _____ |

Other/comments: _____

We confirm the accuracy of the information in the application and the enclosures.

Date: _____
Signature of the responsible contact person of the certification body: _____

List of released qualified audits

Surname, First name:

Certification body:

| No. | Date | Sector/stage | Company | Scope/standard | For QS-audits: Location number and production scope | Date of release |
|-----|------|--------------|---------|----------------|---|-----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Date: _____

Signature of the responsible contact person of the certification body _____

Gesellschaft zur Förderung des Tierwohls in der Nutztierhaltung mbH

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