



Area of approval	Approval is requested for
Agriculture Pig	<input type="checkbox"/>
Agriculture Poultry	<input type="checkbox"/>
Agriculture Cattle	<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"/>	_____	<b>Conducted on:</b> _____
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"/>	_____	<b>Date of training:</b> _____

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

Last name, 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 \_\_\_\_\_