

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

Last name: _____

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"/>
Agriculture Cattle	<input type="checkbox"/>
Meat sector	<input type="checkbox"/>
Pet Food	<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

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 _____

Gesellschaft zur Förderung des Tierwohls in der Nutztierhaltung mbH

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