



Area of approval	Approval is requested for
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Agriculture Pig	<input type="checkbox"/>
Agriculture Poultry	<input type="checkbox"/>
Agriculture Cattle	<input type="checkbox"/>
Meat Sector	<input type="checkbox"/>
Pet Food Sector	<input type="checkbox"/>

**Enclosures:**

	Yes	No	Comments	To be submitted until
Proof of professional degree (copy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Proof of a minimum of two years of professional experience in livestock production/ meat sector/pet food sector	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Curriculum vitae	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Proof of auditor training (copy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
List of 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 qualified audits

Surname, first name: \_\_\_\_\_

Registered certification body: \_\_\_\_\_

No.	Date	Sector/stage	Company	Scope/standard	For QS-audits: Location number and production scope
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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