

CONFIRMATION BY THE EMPLOYER / CONTRACTOR

COMPANY DATA

Company name:	
Street:	
ZIP/Town/City:	
Contact person: (Line manager or head of HR; other than certificate holder)	
Phone:	
E-Mail:	

PERSONAL DATA OF THE CERTIFICATE HOLDER

Name:	
Place and date of birth:	
Certificate title / number:	

PROFESSIONAL PRACTICE REQUIRED FOR THE CERTIFICATES "QUALITY MANAGEMENT REPRESENTATIVE", "QUALITY SYSTEMS MANAGER", "AUDITOR/LEAD AUDITOR QUALITY MANAGEMENT SYSTEMS, LABORATORY QUALITY MANAGER"

Date from / to	Occupation/Area/Projects

AUDIT PRACTICE REQUIRED FOR THE CERTIFICATES "AUDITOR/LEAD AUDITOR QUALITY MANAGEMENT SYSTEMS, LABORATORY ASSESSOR, AUDITOR CORPORATE SOCIAL RESPONSIBILITY AND SUSTAINABILITY MANAGEMENT "

Company / Area	Audit date	Number of audit days in total	Number of audit days on site	Type of audit	Standards/Regulations	Lead Auditor
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

We hereby confirm that the details given are correct and agree to provide further information, if requested.

Place/Date

Corporate Signature
(Stamp and signature of the contact person)