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| --- |
| company data |

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

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| personal data of the certificate holder |

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|  |  |  |
| **Name:** |       |
| **Place and date of birth:** |       |
| Certificate name andCertificate number: |                   |

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| professional practice required for the certificates "quality management representative", "quality systems manager", "auditor/lead auditor quality management systems" |

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| **Date from - to** | **Occupation/Area/Projects** |
|       |       |
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| audit practice required for the certificates "auditor/lead auditor quality management systems" |

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| **Company/Area**  | **Audit date** | **Number of audit daysin total** | **Number of audit days on site** | **Type of audit** | **Standards/ Regulations** | **Lead Auditor** |
|       |       |       |       |       |       |[ ]
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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)