

TÜV Rheinland Functional Safety Program

Eligibility Requirements

Training Automotive – System Design acc. to ISO 26262

Date

Location

Name of Participant

Please fill in this form sheet and give information about:

1. 3 years of your job experiences in the field of functional safety
2. University degree or equivalent engineer level responsibilities status as confirmed by your employer

1. Functional Safety Relevant Experience

(please indicate information even if you have less than 3 years of job experience in Functional Safety.)

| | | |
|----------------------------|-----------------------|----------|
| Position/Title | Company Name | Location |
| Start date: | Description of duties | |
| End date: | | |
| Total # months: | | |
| Supervisor / Manager Name: | | |

TÜV Rheinland Functional Safety Program

Functional Safety Relevant Experience (continued)

| | | |
|----------------------------|-----------------------|----------|
| Position/Title | Company Name | Location |
| Start date: | Description of duties | |
| End date: | | |
| Total # months: | | |
| Supervisor / Manager Name: | | |

| | | |
|----------------------------|-----------------------|----------|
| Position/Title | Company Name | Location |
| Start date: | Description of duties | |
| End date: | | |
| Total # months: | | |
| Supervisor / Manager Name: | | |

| | | |
|----------------------------|-----------------------|----------|
| Position/Title | Company Name | Location |
| Start date: | Description of duties | |
| End date: | | |
| Total # months: | | |
| Supervisor / Manager Name: | | |

TÜV Rheinland Functional Safety Program

2. University Degree (minimum Bachelor's) in relevant field.

| University or College | Technical field (major) | Degree earned | Date | Certificate or Diploma |
|-----------------------|-------------------------|---------------|------|---|
| Name: | | | | Copy attached (check box) <input type="checkbox"/> |
| City: | | | | |
| Country: | | | | |

or

| Company | Technical field | Title/ Responsibility | Date | Company Certification |
|----------|-----------------|-----------------------|------|---|
| Name: | | | | Signed letter attached* (check box) <input type="checkbox"/> |
| City: | | | | |
| Country: | | | | |

*Letter should be on Company letterhead and signed by a manager level official.

Please fill in this table accordingly:

| | |
|----------------|---|
| Applicant Name | Total number of years of relevant Functional Safety experience: |
| | <input type="checkbox"/> Compliance to TÜV Rheinland eligibility requirements |
| Signature/Date | Note: I certify that the above information is correct and accurate to the best of my knowledge. I understand that inaccurate information could void my FS Engineer TÜV (Rheinland) certificate any time in the future. |

TÜV Rheinland Functional Safety Program

Information for FS Engineer (TÜV Rheinland) Certificate

Please type or write in block letters

Full name

(as you would like it to appear on the
FS Engineer (TÜV Rheinland)
certificate)

Company

Mailing Address

(not a P.O. Box address)

e-mail address

Phone

Fax

Comments

*Please fill in this table with due diligence. If information is missing, the FS Engineer (TÜV Rheinland)
certificate cannot be issued to you.*