

## CONFIRMATION BY THE EMPLOYER / CONTRACTOR

### COMPANY DATA

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

### PERSONAL DATA OF THE CERTIFICATE HOLDER

<b>Name:</b>	
<b>Place and date of birth:</b>	
Certificate title <b>or</b> certificate number:	

### PROFESSIONAL PRACTICE REQUIRED FOR THE CERTIFICATES "QUALITY MANAGEMENT REPRESENTATIVE", "QUALITY SYSTEMS MANAGER", "LABORATORY QUALITY MANAGER", "RISK MANAGER"

Date from / to	Occupation/Area/Projects

### AUDIT PRACTICE REQUIRED FOR THE CERTIFICATES "AUDITOR/LEAD AUDITOR QUALITY MANAGEMENT SYSTEMS, LABORATORY ASSESSOR, AUDITOR SUSTAINABILITY AND ESG MANAGEMENT"

Company / Department	Date of audit	Number of audit days in total	Number of audit days (on-site or remote)	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)