### Eligibility Requirements

|  |  |
| --- | --- |
| **Training** | **Hardware/Software – Design acc. to IEC 61508** |
| **Date** |  |
| **Location** |  |
| **Name of Participant** |  |

***Please fill in this form sheet and give information about:***

1. 3 years of your job experiences in 2. University degree or equivalent

the field of functional safety 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: |  |

**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: |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University **or** College | **Technical field**  **(major)** | **Degree earned** | **Date** | **Certificate or**  **Diploma** |
| Name:  City:  Country: |  |  |  | **Copy attached**  **(check box)**  🞎 |

**or**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Technical field** | **Title/ Responsibility** | **Date** | CompanyCertification |
| Name:  City:  Country: |  |  |  | **Signed letter attached\***  **(check box)**  🞎 |

\*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:  **………………………………..** |
| 🞎 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. |

###### 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.*