### 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.*