



Choose certainty.
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Registration Form for the

Functional Safety Professional (FSP) or Functional Safety Expert (FSE)

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TÜV SÜD Rail GmbH

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Germany



1 Applicant Registration Information:

Applicant:		Birthday		PHOTO
Position Title		Sex		
Highest education		Experiences Years of FS		
Telephone:		Telefax:		
MSN:		mail:		
Company&Department Name:				
Company Address:				
Website:				
Reference 1 (Individual)		Position Title/ Company		
E-mail of Reference		Phone No. of Reference		
Reference 2 (Individual)		Position Title/ Company		
E-mail of Reference		Phone No. of Reference		

I, the undersigned, hereby confirm the validity of above information.

Signature: _____ Date: _____



2 Eligibility Requirements

FSP/FSE Eligibility Requirements

- Functional Safety Professional (FSP):
 - 6 years experience in the applicable industry
 - Education gives credits:
 - Bachelor degree deduct 2 years
 - Masters degree deduct 3 years
 - Ph.D. degree deduct 4 years
 - Two references
 - Follow a training course and successfully pass the associated exam

- Functional Safety Expert (FSE):
 - 10 years experience in the applicable industry
 - Education gives credits:
 - Bachelor degree deduct 2 years
 - Masters degree deduct 3 years
 - Ph.D. degree deduct 4 years
 - Submits two case studies
 - To be a Functional Safety Professional

Participant(s)'s declaration based on above:

- I am holding a Bachelor degree;
- I am holding a Master degree;
- I am holding a Ph.D. degree;
- I have two references in related working experience;
- I have two case studies in related working experience to submit;
- I have been as a FSP of TÜV SÜD till now;
- I have been ___ years' experience in the applicable industry till now

Name of the participant(s) _____



3 Detailed Informations of applicants:

3.1 Functional Safety Relevant Experience

(The form can be added if needed)

Form 01

Experience 1:		
Position/Title:	Company Name:	Location:
Start Date:	Description of duties:	
	Supervisor/Manager Name:	
End Date:	Supervisor/Manager Tel:	
Total working months:	Supervisor/Manager Mail address:	
Experience 2:		
Position/Title:	Company Name:	Location:
Start Date:	Description of duties:	
	Supervisor/Manager Name:	
End Date:	Supervisor/Manager Tel:	
Total working months:	Supervisor/Manager Mail address:	
Applicant Name:	Total number of years of relevant Functional Safety experience:	
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 TÜV certification any time in the future.	



(The form can be added if needed)

Form 02

Experience 3:		
Position/Title:	Company Name:	Location:
Start Date:	Description of duties:	
	Supervisor/Manager Name:	
End Date:	Supervisor/Manager Tel:	
Total working months:	Supervisor/Manager Mail address:	
Experience 4:		
Position/Title:	Company Name:	Location:
Start Date:	Description of duties:	
	Supervisor/Manager Name:	
End Date:	Supervisor/Manager Tel:	
Total working months:	Supervisor/Manager Mail address:	
Applicant Name:	Total number of years of relevant Functional Safety experience:	
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 TÜV certification any time in the future.	



3.2 University Degree (minimum Bachelor's) in relevant field

University or College	Technical field (major)	Degree earned	Date	Certificate of Diploma
Name:				<input type="checkbox"/> Copy attached (check box)
City:				
Country:				
Applicant Name:		<input type="checkbox"/> Compliance to TÜV 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 TÜV certification any time in the future.		

3.3 Information for TÜV SÜD FSP/FSE Certificate

(Please type or write in block letters)

Full Name

(As you would like it to appear on the TÜV Certificate) _____

Company: _____

Mailing Address:

(Not a P.O. Box address) _____

E-mail address: _____

Phone: _____

Fax: _____



Comments: _____



4 Attachments:

Individual ID copies
 CV in english
 Copy / diploma copies
 Copy / degree certificate copies
 Recommend letter

5 Our service contact:

Germany:

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