

3. Education Level or Equivalent Earned:

Year:

Institution:

If available, please submit a CV with this application: YES NO

WORK EXPERIENCE (Most Recent)

Resume Required. Have you included your resume? YES NO

Company:

This organization can best be described as a:

If other, please explain:

Address:

Contact Name:

Contact Phone:

Contact Email:

From:

To:

Job Title:

My job experience can best be described as relating to:

If other, please explain:

ADDITIONAL WORK EXPERIENCE

Company:

This organization can best be described as a:

If other, please explain:

Address:

Contact Name:

Contact Phone:																						
Contact Email:																						
From:																						
To:																						
Job Title:																						
My job experience can best be described as relating to:																						
If other, please explain:																						
PLEASE SELECT FROM THE LIST BELOW THOSE ITEMS THAT APPLY TO YOUR EXPERIENCE																						
<table border="0"> <tr> <td><input type="checkbox"/> Aerospace Industry Quality</td> <td><input type="checkbox"/> Use of Customer Supplied Products</td> </tr> <tr> <td><input type="checkbox"/> Regulatory and/or Military Aerospace Requirements</td> <td><input type="checkbox"/> Calibration Controls and Positive Recall System</td> </tr> <tr> <td><input type="checkbox"/> First Article Inspection</td> <td><input type="checkbox"/> Acceptance Authority Media</td> </tr> <tr> <td><input type="checkbox"/> Airworthiness and Safety Requirements</td> <td><input type="checkbox"/> Nonconforming Material Management</td> </tr> <tr> <td><input type="checkbox"/> Aerospace Material Traceability Requirements</td> <td><input type="checkbox"/> Sampling Inspection/Statistical Process Control</td> </tr> <tr> <td><input type="checkbox"/> Aerospace sub-Contractor Approval and Control</td> <td><input type="checkbox"/> Requirements and Limitations</td> </tr> <tr> <td><input type="checkbox"/> Variation management of Key Characteristics</td> <td><input type="checkbox"/> Special Processes</td> </tr> <tr> <td><input type="checkbox"/> Flow-Down of AQMS Requirements</td> <td><input type="checkbox"/> Configuration Management/Requirements Control</td> </tr> <tr> <td><input type="checkbox"/> Foreign Object Damage/Debris (FOD) Prevention Program</td> <td><input type="checkbox"/> Manufacturing Techniques</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tool Control</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Design Development Verification and Validation</td> </tr> </table>	<input type="checkbox"/> Aerospace Industry Quality	<input type="checkbox"/> Use of Customer Supplied Products	<input type="checkbox"/> Regulatory and/or Military Aerospace Requirements	<input type="checkbox"/> Calibration Controls and Positive Recall System	<input type="checkbox"/> First Article Inspection	<input type="checkbox"/> Acceptance Authority Media	<input type="checkbox"/> Airworthiness and Safety Requirements	<input type="checkbox"/> Nonconforming Material Management	<input type="checkbox"/> Aerospace Material Traceability Requirements	<input type="checkbox"/> Sampling Inspection/Statistical Process Control	<input type="checkbox"/> Aerospace sub-Contractor Approval and Control	<input type="checkbox"/> Requirements and Limitations	<input type="checkbox"/> Variation management of Key Characteristics	<input type="checkbox"/> Special Processes	<input type="checkbox"/> Flow-Down of AQMS Requirements	<input type="checkbox"/> Configuration Management/Requirements Control	<input type="checkbox"/> Foreign Object Damage/Debris (FOD) Prevention Program	<input type="checkbox"/> Manufacturing Techniques		<input type="checkbox"/> Tool Control		<input type="checkbox"/> Design Development Verification and Validation
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AS9100 AEA REQUIREMENTS
<ul style="list-style-type: none"> 4 years of AQMS work experience within the past 10 years
<p>1. TO QUALIFY AS AEA THROUGH WORK EXPERIENCE, YOU MUST HAVE:</p> <p>4 years full time in the aerospace industry directly involved in Engineering, Design, Manufacturing, Quality or Process Control for a major airframe manufacturer, prime supplier, auxiliary equipment supplier and/or appropriate official civil, military or space organization, such as National Aviation Authorities (NAA), European Space Agency (ESA), National Aeronautics and Space Administration (NASA), Ministry of Defense (MoD).</p>

2. The work experience should have included direct involvement or knowledge of the elements as defined below. (Select all that apply to your experience):

- | | |
|--|--|
| <input type="checkbox"/> Aerospace Industry Quality | <input type="checkbox"/> Use of Customer Supplied Products |
| <input type="checkbox"/> Regulatory and/or Military Aerospace Requirements | <input type="checkbox"/> Calibration Controls and Positive Recall System |
| <input type="checkbox"/> First Article Inspection | <input type="checkbox"/> Acceptance Authority Media |
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| | <input type="checkbox"/> Tool Control |
| | <input type="checkbox"/> Design Development Verification and Validation |

IF LESS THAN 4 YEARS, YOU MAY ACHIEVE AS9100 AEA THROUGH

- Industry Training, and
- 2 years of AQMS work experience within the past 15 years, and
- Successful completion of 2 full audits witnessed* by an AEA

1. INDUSTRY TRAINING

If less than 4 years aerospace industry experience in the last 10 (or more than 6 consecutive years since last industry work experience from date of application), the completion of an in-depth Aerospace Industry Competency course developed by the CRB or an independent organization is required. Both the course and the training organization shall be approved by the SMS. The course shall include the topics listed above (in #2 above).

For the course you are claiming as meeting this requirement, please enter the course information below:

Course Title:

Training Company:

Course Certified By:

Date Completed:

Course Certificate Required. Is your course certificate included? YES NO

2. AQMS WORK EXPERIENCE

You must have 2 years of AQMS work experience within the past 15 years.

3. WITNESSED AUDITS

You must also have successfully completed 2 full audits witnessed by an AEA. The witness shall be performed by an authenticated AEA who themselves have not become qualified via an industry specific training. The witness AEA shall not have performed the audit as a member of the assessment team:

For the witnessed audits that you are claiming as meeting this requirement, in addition to including these audits in your submitted Audit Log, please complete the following information:

WITNESS AUDIT #1

Audited Organization

Audit Start Date:

Audit End Date:

Witness Name:

Witness' Organization:

Witness' OASIS Number:

Witness' Email:

Witness' Phone:

WITNESS AUDIT #2

Audited Organization

Audit Start Date:

Audit End Date:

Witness Name:

Witness' Organization:

Witness' OASIS Number:

Witness' Email:

Witness' Phone:

AS9110 AEA WORK EXPERIENCE REQUIREMENTS (To be completed for AS9110 AEA applicants only)

REQUIREMENTS:

Auditors that are to be considered, as Aerospace Experience Auditors shall have four years aerospace industry experience within the prior 10 calendar years and should have included direct involvement and/or knowledge of aerospace industry specific aspects, including maintenance.

1 The work experience should have included direct involvement or knowledge of the elements as defined below. (Select all that apply to your experience):

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Aerospace Industry Quality <input type="checkbox"/> Regulatory and/or Military Aerospace Requirements <input type="checkbox"/> First Article Inspection <input type="checkbox"/> Airworthiness and Safety Requirements <input type="checkbox"/> Aerospace Material Traceability Requirements <input type="checkbox"/> Aerospace sub-Contractor Approval and Control <input type="checkbox"/> Variation management of Key Characteristics <input type="checkbox"/> Flow-Down of AQMS Requirements <input type="checkbox"/> Foreign Object Damage/Debris (FOD) Prevention Program <input type="checkbox"/> Use of Customer Supplied Products <input type="checkbox"/> Calibration Controls and Positive Recall System <input type="checkbox"/> Acceptance Authority Media <input type="checkbox"/> Nonconforming Material Management <input type="checkbox"/> Sampling Inspection/Statistical Process Control | <ul style="list-style-type: none"> <input type="checkbox"/> Requirements and Limitations <input type="checkbox"/> Special Processes <input type="checkbox"/> Configuration Management/Requirements Control <input type="checkbox"/> Manufacturing Techniques <input type="checkbox"/> Tool Control <input type="checkbox"/> Design Development Verification and Validation <input type="checkbox"/> Maintenance Regulations (e.g., European Aviation Safety Agency [EASA]/Federal Aviation Regulations [FAR] 145/147, EASA part M) <input type="checkbox"/> Return to Service Processes <input type="checkbox"/> Flight Test <input type="checkbox"/> Functional Checks Prior to Flight <input type="checkbox"/> Weight and Balance <input type="checkbox"/> Wing Walking <input type="checkbox"/> Aircraft Marshalling Techniques. |
|---|--|

IF LESS THAN 4 YEARS, YOU MAY ACHIEVE AS9110 AEA THROUGH

- Industry Training, and
- 2 years of AQMS work experience within the past 15 years, and
- Successful completion of 2 full audits witnessed* by an AEA

1. INDUSTRY TRAINING

If less than 4 years aerospace industry experience in the last 10 (or more than 6 consecutive years since last industry work experience from date of application), the completion of an in-depth Aerospace Industry Competency course developed by the CRB or an independent organization is required. Both the course and the training organization shall be approved by the SMS. The course shall include the topics listed above (in #2 above).

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For the witnessed audits that you are claiming as meeting this requirement, in addition to including these audits in your submitted Audit Log, please complete the following information:

WITNESS AUDIT #1

Audited Organization

Audit Start Date:

Audit End Date:

Witness Name:

Witness' Organization:

Witness' OASIS Number:

Witness' Email:

Witness' Phone:

WITNESS AUDIT #2

Audited Organization

Audit Start Date:

Audit End Date:

Witness Name:

Witness' Organization:

Witness' OASIS Number:

Witness' Email:

Witness' Phone:

PROFESSIONAL AQMS/QMS TRAINING

Course Title:

Training Company:

Course Certified By:

Date Completed:

Course Certificate Required. Is your course certificate included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Course Title:	
Training Company:	
Course Certified By:	Date Completed:
Course Certificate Required. Is your course certificate included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Course Title:	
Training Company:	
Course Certified By:	Date Completed:
Course Certificate Required. Is your course certificate included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Course Title:	
Training Company:	
Course Certified By:	Date Completed:
Course Certificate Required. Is your course certificate included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUDIT EXPERIENCE	
REQUIREMENT:	
4 full QMS or AQMS (9100) audits conducted for a total of 20 audit days within the past 3 years.	
Please complete the Audit Log document and submit it with this application.	

Probitas Authentication has established the following fee structure. Please submit payment with application, or contact PROBITAS AUTHENTICATION to inquire about other payment options:

TYPE of ACTIVITY	FEE	WHEN
New AQMS Auditor Certification	\$495	At submission of application
Annual Maintenance of Certification	\$245	End of years 1 and 2
Re-Authentication (re-certification)	\$245	End of year 3

Existing Oasis Members, through other AAB	\$245	Fee for re-authentication with Probitas Authentication
Auditor Grade Expansion	\$470	At the time of application for upgrade

DECLARATIONS AND SIGNATURE

Please read and confirm the declaration statements, then sign the application before submission.

I understand and confirm the following:

1. I understand that I will be asked to agree to and sign a Code of Conduct as a condition to becoming an approved AQMS auditor. I also agree to conduct myself in accordance to the Code of Conduct while participating in AQMS auditor activities.
2. I understand and agree that details regarding my name, auditor scheme, grade, status, begin date, and expiration dates will be made publicly available on the Probitas Authentication and OASIS websites.
3. I confirm the information contained in this application is correct to the best of my knowledge and belief.
4. I understand and agree that, if I intentionally provide incorrect or misleading information, or intentionally withhold requested information, these actions may result in my application being rejected, or my recertification application being rejected, or my certification status being suspended or withdrawn.
5. I understand and agree that, to maintain my status as an AQMS auditor, I am required to notify Probitas Authentication, without delay, of any complaints, or other actions taken against me that, if originally declared in my application, might have justified my exclusion as an aerospace auditor.

I confirm that:

- The information I have submitted is truthful and honest.
- I have not intentionally misrepresented any information.
- I have not received any formal complaints concerning my professional conduct while carrying out audit activities.
- I understand that failure to remain current with applicable fees may result in disciplinary action, including suspension.
- I have not had an AQMS auditor authentication, AQMS certification, or AQMS application that has been rejected, withdrawn, or suspended.

I AGREE WITH THE DECLARATION STATEMENTS

I DO NOT AGREE WITH THE DECLARATION STATEMENTS

Signature of Applicant:
Date:

