

TÜV Rheinland Functional Safety Program

Eligibility Requirements

Training Automotive – System Design acc. to ISO 26262

Date [March 25, 2019 to March 28, 2019](#)

Location [Yokohama, Japan](#)

受講されたコース開催期間をご記入ください。
 再試験の方はコースの受講期間になりますのでご注意ください。

Name of Participant

[First Name/ Last Name](#)

Please fill in this form sheet and give information about:

- 3 years of your job experiences in the field of functional safety
- University degree or equivalent 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 Assistant Manager	Company Name 123 Co., Ltd.	Location Yokohama, Japan
Start date: April 2011	Description of duties Brake system development as a safety manager (or a project manager)	
End date: March 2016		
Total # months: 60 month		
Supervisor / Manager Name:		

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Functional Safety Relevant Experience (continued)

Position/Title Assistant Manager	Company Name 123 Co., Ltd.	Location Yokohama, Japan
Start date: April 2015	Description of duties Airbag system design as a functional safety engineer	
End date:		
Total # months: 40 month		
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:		

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

University or College	Technical field (major)	Degree earned	Date	Certificate or Diploma
Name: The University of Tokyo City: Bunkyo-ku, Tokyo Country: JAPAN	Engineering	Master's degree	March 2005	Copy attached (check box) <input type="checkbox"/>

or

工学・理工学系卒の方は、記入不要です

Company	Technical field	Title/ Responsibility	Date	Company Certification
Name: City: Country:	ご自身の機能安全 (Automotive)関連の実務経験の分野をご記入ください まったく機能安全に関わっていない場合は、現在の技術分野をご記入ください			Signed letter attached* (check box) <input type="checkbox"/>

*Letter should be on Company letterhead and signed by a manager level official.

上司のサイン入り実務経験の証明書の添付が必要です
 証明書のひな形をご希望の場合はお問い合わせください

Please fill in this table accordingly:

Applicant Name First Name/ Last Name	Total number of years of relevant Functional Safety experience: 8 years 4 month
	<input checked="" type="checkbox"/> Compliance to TÜV Rheinland eligibility requirements
Signature/Date 直筆でご署名ください	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.

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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.*