**TÜV Rheinland Industrie Service GmbH**

**Germany**

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| **Training Topic** | **Cybersecurity in Automotive acc. to ISO/SAE 21434** |
| **Name of participant:** |  |
| **Training Date:** |  |
| **Training Location:** |  |
| **Exam Date:** |  |
| **Trainer:** |  |

1. **Cyber Security Experience:**

*Please give proof of 3 years of practical work experience in the automotive industry in the area of Cybersecurity.*   
*自動車のサイバーセキュリティ分野で3年以上の実務経験を証明してください。複数の実務経験がある場合は次ページ以降もご使用ください。*

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| Position/Title | Company Name | Location |
| Start date: | Description of duties |  |
| End date: |  | |
| Total # months: |  | |

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| Position/Title | Company Name | Location |
| Start date: | Description of duties |  |
| End date: |  | |
| Total # months: |  | |

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| End date: |  | |
| Total # months: |  | |

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| Position/Title | Company Name | Location |
| Start date: | Description of duties |  |
| End date: |  | |
| Total # months: |  | |

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| Total number of years of relevant business experience in Cyber Security | ….... years | A minimum of 3 years of experience in the field of Cyber Security is required |

1. **University degree (minimum Bachelor’s) in relevant field:**

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| **University Name:** |  |
| **City:** |  |
| **Country:** |  |
| **Technical Field:** |  |
| **Degree Title:** |  |
| **Date:** |  |
| **Copy of Degree/Diploma attached:** | * Yes * No |

1. **Reference Letter:**

*Only applicable for persons who do not have an engineering degree.*

*理系の学位をお持ちでない場合は下記をご記入の上、お勤め先企業のレターを合わせてご提出ください（大学の卒業証明書・卒業証書の添付は不要です）。レターの初期についてはお問い合わせください。*

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| **Company Name:** |  |
| **City:** |  |
| **Country:** |  |
| **Technical Field:** |  |
| **Title / Responsibility:** |  |
| **Date:** |  |
| **Signed letter attached:** |  |

1. **Personal and Business Data:**

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| ***This information is provided for the following specific reasons:*** | |
| * to enable TÜV Rheinland Industrie Service GmbH, Automation, Functional Safety & Cyber Security, to contact me regarding my **CySec Specialist (TÜV Rheinland)** certificate, * to enable TÜV Rheinland Industrie Service GmbH, Automation, Functional Safety & Cyber Security, to contact me in 5 years regarding the extension of validity of my **CySec Specialist (TÜV Rheinland)** certificate. | |
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| ***I confirm that TÜV Rheinland is a Data Processor in the context of the GDPR, and collects information which entails the following data processing:*** | |
| **Type of Data**   * Collecting contact details – including business email address, * Collecting eligibility information including name, mailing address, employment history, copy of relevant academic history and qualifications or employer letter certifying experience; * Recording my name, contact details and examination results; | |
| **Purpose of Data Processing**   * Issuing a certificate including my name and country of my location; * Listing my name, country of my location, ID number of certificate and topic of training I attended on the TÜV Rheinland website; | |
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| **Declaration of Consent　以下の該当する箇所をチェックして宣言してください。** | |
|  | I give my consent for the collection and processing of my personal data as outlined above.  私は、上記の個人データの収集と処理に同意します。 |
|  | I **do not** give my consent for the collection and processing of my personal data as outlined above – I understand that this will mean that I will not get my CySec Specialist (TÜV Rheinland) certificate.  私は、上記の個人データの収集と処理に同意しません。これは、CySecスペシャリスト（テュフラインランドによる）証明書を取得できないことを理解しています。 |
|  | I understand that I am able to change and/or update contact information by contacting TÜV Rheinland.  テュフラインランドに連絡することで、連絡先情報を変更および/または更新できることを理解しています。 |
| * **Yes** * **No** | I wish to be contacted by TÜV Rheinland about further information.  さらなる詳細情報が欲しいので、テュフラインランドジャパンに連絡を取ります。 |

###### Information for

###### CySec Specialist (TÜV Rheinland)

###### Certificate

Please type or write in block letters

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| --- | --- |
| **Full Name**  as you would like it to appear on the CySec Specialist (TÜV Rheinland) certificate |  |
| **Company** |  |
| **E-Mail Address**  Only business email address |  |
| **City** |  |
| **Country** |  |
| **Signature** |  |
| **Date** |  |
| **Note**  I confirm that the above information is correct and accurate to the best of my knowledge.  I understand that inaccurate information could void my **CySec Specialist (TÜV Rheinland) certificate** any time in the future. | |