

Institut des Experts en Automobiles (I.E.A.)
Commission de stages
Boulevard de la Woluwe 46/5
1200 Bruxelles

Subject: Application for registration on the list of automotive experts

NAME:

First Names:

Date of Birth:

Full Address:

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I hereby request my registration on the list of automotive experts, in accordance with the **Law of 15 May 2007 on the recognition and protection of the profession of automotive expert and establishing the Institute of Automotive Experts, as amended by the Law of 20 November 2025.**

I hereby declare that I have taken due note of:

- the Code of Ethics of the automotive expert profession;
- the Internal Rules of Procedure of the Institute of Automotive Experts;
- the legal and regulatory provisions applicable to the exercise of the profession.

and I undertake to strictly comply with them.

In accordance with the applicable legislation, I specify that I exercise or intend to exercise the profession of automotive expert as a natural person, under the status of independent, employee, or statutory agent, within the legal scope of the profession, covering motorised vehicles as defined by law, including mopeds, motorcycles, and speed pedelecs (speed e-bikes).

I attach to the present application, duly completed and signed, the information bulletin, together with all documents required for the examination of my application.

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I further specify that my application for registration is submitted:

- ☐ **on the basis of a recognised degree or training diploma**, in accordance with the conditions provided by law;
- ☐ **on the basis of relevant professional experience** resulting from at least six years of full-time equivalent professional activity during the past ten years, in one or more of the professional activities referred to in Article 4 of the Law

All supporting documents are enclosed with this application.

Please accept, Dear Sir or Madam, the assurance of my highest consideration.

Place:

Date:

Signature:

Declaration on my honor

I declare on my honor that the information provided is accurate, sincere, and complete. I acknowledge having been informed that any inaccurate or incomplete statement may result in the refusal or withdrawal of registration.

Attached Documents

- Copies of diplomas or training certificates;
- Where applicable, proof of relevant professional experience granting access to the profession in accordance with the law;
- Internship agreement, duly completed, signed, and dated in three copies, unless legally exempt;
- Criminal record extract issued less than three months ago;
- Full copy of the employment or collaboration agreement;
- Where applicable, documents relating to the recognition of professional qualifications obtained in another EU Member State or an equivalent State;
- Any other document required by the applicable regulations or requested by the Institute.

Protection of Personal Data

The processing of personal data communicated within the framework of this application is carried out in accordance with Regulation (EU) 2016/679 (GDPR) and the applicable Belgian legislation. The data controller is the Institute of Automotive Experts (I.E.A.), located at Boulevard de la Woluwe 46/5, 1200 Brussels, acting through its Council.

The personal data are processed exclusively for the purpose of examining and managing the application for registration on the list of automotive experts. You have the right of access, rectification, erasure, and, where applicable, restriction or objection to the processing of your personal data, in accordance with the applicable legislation.

The data are retained for the duration necessary for the examination and follow-up of the registration application and, if registration is granted, for the duration of affiliation. Thereafter, data retention is limited to statutory obligations, including professional archiving requirements (Article 2262bis of the Civil Code).

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INFORMATION BULLETIN

Name:

First Names:

Place and date of birth:

Nationality:

Marital status:

Home address:

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Professional address:

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Telephone:

Mobile:

Private email: (Contact + Login)

Professional email:

Business number:

1. Basis of the Registration Application (check one box only)

- ☐ **On the basis of a recognized diploma or degree**
(copies of required diplomas or degrees are attached)
 - ☐ **On the basis of relevant professional experience**
(attestations and proofs of experience are attached)
-

2. Degrees, Diplomas, and/or Professional Experience

Do you hold degrees, diplomas or training related to the profession of automotive expert?

☐ Yes ☐ No If yes, specify:

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Do you have relevant professional experience in the field of automotive expertise or motor vehicles?

☐ Yes ☐ No

If yes, please specify the nature of the activities, duration, employer or framework of exercise, and attach supporting documents, for each of the following activities referred to in Article 4, §1 of the Law of 15 May 2007:

1° Evaluation of vehicles and verification of their compliance with laws and regulations, including identification and description of vehicles. Description, Duration, Employer and attached proofs:

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2° Technical research and analyses aimed at determining the circumstances and causes of accidents involving one or more vehicles and the associated liabilities. Description, Duration, Employer and attached proofs:

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3° Determination of wear, damage, defects, breakdowns and operational anomalies affecting vehicles. Description, Duration, Employer and attached proofs:

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4° *Determination of the causes of the elements referred to in point 3°.* Description, Duration, Employer and attached proofs:

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5° *Estimation of material damage resulting from vehicle damage.* Description, Duration, Employer and attached proofs:

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6° *Determination of repair works and methods required to place a vehicle into service or back into service, estimation of their cost, and verification of proper execution.* Description, Duration, Employer and attached proofs:

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7° *Technical assessment of the justification for immobilising a vehicle and determination of the duration thereof.* Description, Duration, Employer and attached proofs:

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8° *Drafting of a reasoned report on the execution of the assigned mission.* Description, Duration, Employer and attached proofs:

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3. Exercise of other professional activities

Do you exercise, or intend to exercise concurrently, another profession in addition to that of automotive expert?

☐ **Yes** ☐ **No** If yes, please specify:

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4. Links with the automotive sector

Are you directly or indirectly involved in activities such as vehicle repair, sale, bodywork, spare parts, technical inspection, or similar activities?

☐ **Yes** ☐ **No** If yes, please specify:

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5. Linguistic regime (check one box only)

☐ French ☐ Dutch ☐ German

6. Prior exercise of the profession

Have you previously exercised the profession of automotive expert?

☐ **Yes** ☐ **No** If yes, since what date and at what address (office or company):

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7. Professional internship

Have you found an internship tutor (if applicable)?

☐ **Yes** ☐ **No**

Has an internship agreement been established and attached?

☐ **Yes** ☐ **No** ☐ **Not applicable** (legal exemption)

8. Intended professional status

You wish to exercise the profession of automotive expert:

- ☐ as an independent;
- ☐ as an employee;
- ☐ as a statutory agent.

If independent, please indicate the NACE codes corresponding to your activities according to the Crossroads Bank for Enterprises (BCE):

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9. Additional information

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Declaration on my honor

I declare on my honor that the information provided in this form is accurate, sincere, and complete. I acknowledge having taken note of the legal, regulatory, and ethical obligations applicable to the profession of automotive expert.

Place:

Date:

Signature:

Attached documents:

Number of documents:

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