



**QUESTIONNAIRE FOR
OBTAINING
QUOTATION FOR
CERTIFICATION**



Certification as per : PED 97/23/EC AD 2000 HP0 AD 2000 W0 PED Annex. I-4.3
 TPED 99/36/EC Welding approvals VdTUV ISO 3834 (Welding)
 ASME Services NDT Personnel Qualification (PED/ EN 473) Others
 CPD (89/106/EEC) CE marking

Name of Company : _____
 Division/Unit _____

Address - : _____
 (for Communication) _____

STD Code- Phone : _____ Extension: _____
Fax : _____ **E- mail** : _____

Address - _____
 Works/Office/ Site _____
 to be Audited) _____

STD Code - Phone _____ Extension _____
Fax - _____ **E- mail** _____



Weekly Holiday-Office _____ **Works** _____

Travel related Data : Nearest Airport : _____ Railway Station : _____
 Approx. Distance from Airport/Railway Station _____

Contact Person/Designation _____

Group of Companies : _____
Sector (Public/ Private/Proprietary) _____
Subsidiaries/Associate Companies _____

Please Mail to :
TÜV India Pvt. Ltd.
 801, Raheja Plaza, L.B.S. Marg
 Ghatkopar (West), Mumbai 400 086.
 Telefon (022) 6647 7000, 66477056 (Sagar Patil)
 Fax (022) 6647 7009

	QUESTIONNAIRE FOR OBTAINING QUOTATION FOR CERTIFICATION	 TUV INDIA TUV NORD Group (Formerly RWTUV Group)
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Business Scope to be: _____
Certified (Type, size, _____
Material range) _____

No. of Employees : Total Design QA/QC Manufacture

Please attach Organisation Chart

CERTIFICATION :

Is your QMS Certified to ISO 9001:2000 Yes No

If yes, by whom _____
Certificate Number _____ fddf _____ Valid until _____
(Attach copy of Certificate)

If NO, Do you have documented QMS Yes No

Do you have any other Certifications Yes No
If yes, Please give details. _____

Approval According to _____ By _____

Certificate Number _____ Valid until _____

Do you request a Pre- Audit? Yes No

Turnover last year : _____ Percentage Exports: to EC – Countries _____
(last year) Other Countries _____

Range of Products:

Production Facilities (Capacity / Area) :



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PED CERTIFICATION : Details for PED /TPED/ Material Mfr. (W0/ PED) :

Type of Pressure Equipment / Quantity:	
Vessel / Steam Generator/ Cylinder	
Valve	
Piping	
Pressure / Safety Accessory	
Assembly	
Type of Fluid : Gas / Liquid	
Fluid Groups :	
Group 1 (Explosive, Flammable, Toxic, Oxidizing)	
Group 2 (Steam, Other Fluids)	
Design Parameters :	
Maximum Allowable Pressure ; PS (bar.g)	
Volume, V (litres)	
Nominal (Valve / Pipe) Size, DN mm	
Manufacturing Facility : Unit or Series Production	
Apply For :	
Weld Procedures' & Welder's approvals as per PED Annex.I, 3.1.2, EN 287+EN 15614-1/ ASME Section IX	
NDT Personnel Qualification as per PED Annex.-I, 3.1.3/ EN 473	
Welding Quality : ISO 3834- 1/2/3/4	
Welding consumable approvals : VdTUV 1153	
PED 97/23/EC : Module A1/ E1/ D1	
: Module B+C1/ B1+D/ B1+F/ B+E	
: Module E1 or D1 + ISO 9001 / 2000	
: Module H/ H1	
: Module H/ H1 + ISO 9001/ 2000	
: Module G (EC unit verification)	
: Material Manufacturer acc. PED 97/23/EC Annex 1, 4.3	
Material Manufacturer acc. PED 97/23/EC Annex 1, 4.3 + AD 2000 Merkblatt W0	



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ASME Authorized Inspection Services (U Stamp etc.)	
CE Marking CPD Cert – Details of specifications under which approval is required	
AD 2000 HP0 approval as a pressure vessel manufacturer	

Manufacturer’s Declaration (following the awarding of a Contract) : For PED Only

The Manufacturer hereby confirms that he has read the PED Scheme Rules and agrees to satisfy the obligations stated in the Pressure Equipment Directive (97/23/EC), in particular,

- Access will be provided for scheduled and unexpected visits by TÜV to manufacturing facility as per the relevant Conformity Assessment module(s).
- Similar access will also be provided for scheduled and unexpected visits by TÜV to potential sub-contractor’s manufacturing facility as per the relevant module(s).
- A similar application for the same module has not been lodged with another Notified body.

For and on behalf of the Manufacturer _____

Date _____

Please attach the list of products (e.g. brochures), G.A. Drawings, technical data sheets

Place _____ **Date** _____ **Signature:** _____

Name: _____

Title : _____

Co. Stamp: