



**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

	<b>QUESTIONNAIRE FOR OBTAINING QUOTATION FOR CERTIFICATION</b>	 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) :**



## QUESTIONNAIRE FOR OBTAINING QUOTATION FOR CERTIFICATION



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

<b>Type of Pressure Equipment / Quantity:</b>	
Vessel / Steam Generator/ Cylinder	
Valve	
Piping	
Pressure / Safety Accessory	
Assembly	
<b>Type of Fluid : Gas / Liquid</b>	
<b>Fluid Groups :</b>	
Group 1 (Explosive, Flammable, Toxic, Oxidizing)	
Group 2 (Steam, Other Fluids)	
<b>Design Parameters :</b>	
Maximum Allowable Pressure ; PS (bar.g)	
Volume, V (litres)	
Nominal (Valve / Pipe) Size, DN mm	
<b>Manufacturing Facility : Unit or Series Production</b>	
<b>Apply For :</b>	
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	
<b>PED 97/23/EC : Module A1/ E1/ D1</b>	
: 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	
<b>Material Manufacturer acc. PED 97/23/EC Annex 1, 4.3 + AD 2000 Merkblatt W0</b>	



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

**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:**