**Office Use Only:**

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| **Approved By:\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:\_\_\_\_\_\_\_\_\_\_ IAF Codes:\_\_\_\_\_\_\_\_\_\_** [ ]  **ANAB** [ ] **DAkkS** |

This information is to assist TUV USA in defining the scope of registration and preparing a cost proposal. The receipt of this Request for Quote does not acknowledge our acceptance and/or approval of any aspect of possible registration.

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| **SECTION 1: COMPANY INFORMATION (Main Location to be certified)** |
| **Company Name (Legal Entity):** | **Date:** | **Form Completed By:**  |
| **Street Address:** | **City:** | **State:** | **Zip:** | **Country:** |
| **Phone:**  | **Fax:**  | **Website:** |

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| **SECTION 2: CONTACT INFORMATION (Who do you wat the quote to be sent to?)** |
| **Contact Name:**  | **Title:** |
| **Street Address:*(If different from above:***  | **City:** | **State:** | **Zip:** | **Country:** |
| **Office (Direct Line or Extension):** | **Mobile/Cell:**  | **Email Address:** |

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| **SECTION 3: COMPANY DETAILS:** |
| **Number of Sites\* (If more than 1 - See Page 2):** | **Number of Shifts (please provide times):** | **Design Responsible?** [ ] **YES** [ ] **NO** |
| **Total Number of Employees:** | **Part Time Employees:** | **Temporary employees:** |
| **Desired scope of certification (Short Statement regarding the nature of your business):** | **Language:** |
| **Technical Resources (e.g. machines and technology applied in the company’s processes):** | **Relevant Legal Obligations (e.g. Laws, Customer’s contractual requirements, etc.):** |
| **Are there any outsourced processes to be considered?** | **Additional information/services/requests:** |
| **Are you presently working with a quality consultant?** [ ]  **YES Please provide the name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **NO** | **Does the company have ITAR requirements?**[ ]  **YES. Please provide details:**[ ]  **NO**  |

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| **SECTION 4: SELECT THE STANDARDS YOU WISH TO APPLY:** |
|  [ ] ISO 9001:2015 [ ] ISO 14001:2015 [ ] ISO 45001:2018 [ ] AS9100 D [ ] AS9110 C [ ] AS9120 B[ ] IATF 16949:2016 [ ]  ISO 27001:2013 [ ] TISAX [ ] ISO 50001:2018  [ ] Other (please specify): |
| **SECTION 5: COMPLETE THIS SECTION IN CASE OF TRANSFER:** |
| **Confirm the standard:** | **Certificate Expiration Date:** | **Surveillance Type:** [ ] **Semi-Annual** [ ] **Annual**  |
| **Last assessment with your current CB:**[ ] **Initial** [ ]  **Surveillance 1** [ ] **Surveillance 2** [ ]  **Recertification**[ ]  **Other:\_\_\_\_\_\_\_\_\_** | **Date of the next scheduled activity with your current CB:** | **Reason for Transfer (e.g. Financial):** |
| **Please, send the following documents together with this application:**[ ]  **Copy of the current Certificate** [ ]  **Copies of the Audit Reports of past audits in the current cycle****\*Note: Based on results of the review of your submission, additional information may be requested.** |
| **What date do you wish the transfer audit to be conducted:** |

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| **SECTION 6: COMPLETE THIS SECTION IN CASE YOUR ORGANIZATION HAS MULTIPLE SITES.** |
| * Please complete the following table identifying the site(s) to be registered. You may attach additional pages if there are more than 3 additional sites. NOTE: If the organization has only ONE (1) site, this section does not need to be completed.
 |
| **Facility Name** | **Address (Street, Cit y, State, Zip)** | **Desired****Standard (s)** | **No. of Employees** | **Products & Services****(Scope – i.e. mfg./design/HQ/sales)** | **No. of Shifts** | **Shift Times** |
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| **SECTION 7: PROPORTION OF AVIATION, SPACE, & DEFENSE WORK (AEROSPACE CLIENTS ONLY)** |
| **Key Aviation, Space and Defense Customers** | **% of Revenue** | **% of Workforce and Full Time, Part Time or Temporary Status****(i.e., 100% / Full Time)** | **Description of Additional AQMS Requirements (as applicable)** |
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| **SECTION 8: LEVEL OF INTEGRATION** |
| **Activities** | **Enter Primary Standard Below**e.g. AS 9100 | **Enter Secondary Standard Below**e.g. AS 9120 |
|  |  |  |
| Management reviews that consider the overall business strategy and plan |[ ] [ ]
| An integrated approach to internal audits  |[ ] [ ]
| An integrated approach to policy and objectives |[ ] [ ]
| An integrated approach to systems and processes |[ ] [ ]
| An integrated process documentation, including work instructions with sufficient detail |[ ] [ ]
| An integrated approach to improvement |[ ] [ ]
| An integrated approach to planning with good use of business-wide risk management approaches |[ ] [ ]
| Unified management support and responsibilities |[ ] [ ]
| **Indicate Level of Integration as a Percentage (TUV USA to complete)** |  |

**How did you hear about TUV NORD?**

|  |  |  |
| --- | --- | --- |
| [ ]  Advertisement | [ ] Internet Search | [ ] Trade Show |
| [ ] Auditor | [ ] Newsletter | [ ] TUV Rep |
| [ ] Consultant | [ ] Social Media | [ ] Webinar |
|  | [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***THANK YOU -*** for taking the time to complete this form.

 ***FOR A NO OBLIGATION QUOTATION***

Please return the completed information sheet:

**TUV USA –**

 **215 Main Street, Suite 3, Salem, NH 03079**

Email: request@tuv-usa.com

WEB: [www.tuv-usa.com](http://www.tuv-usa.com)

Ph: (603) 870-8023 Fax: (603) 870-8026

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