**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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