**Dear Client,**

As a certification body (CB) performing certifications of QM systems, we require some information regarding your company in order to prepare of offer. Please help us by answering the questions below in order to ensure a smooth certification procedure.

Please complete the questionnaire and attach any necessary information / documents in the form of annexes (one questionnaire per site for Corporate Scheme Certification).

Please fill up separate questionnaire per site in case of multi-site certification (corporate scheme)!

1. **General information of the production site:**

|  |  |
| --- | --- |
| **Name of site:** |  |
| **Address:** |  |
| **Postcode, town:** |  |
| **Country:** |  |
| **Contact person:** |  | **Function:** |  |
| **Telephone:** |  | **Mobile:** |  |
| **Fax:** |  | **E-Mail:** |  |
| **VAT number:** |  | **Web-site:** |  |

**Correspondence address** (please X as appropriate):

|  |  |
| --- | --- |
|  | address acc. to the production site  |
|  |  |
|  | address acc. to the companies register |
|  |  |  |
|  | another address:  |  |

1. **Do you wish to have corporate scheme certification (different sites within one organisation / Corporation) acc. to IATF 16949:2016 Rules 5.3?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |
| **If so, please give the following information regarding the organisation headquarters:**  |
| **Name:** |  |
| **Address:** |  |
| **Postcode, City:** |  |
| **Country:** |  |

1. **Are there Extended Manufacturing Sites (“EManS”)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |
| Number of EManS to the site named above \*) |  |

\*) please add form “A13F010A01-Attachment”, one per EManS to this document

1. **Targeted certification**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | IATF 16949:2016 |  |  | ISO 9001:2015 |  |  | VO (EU) 2018/858 (KBA) |
|  |  |  |  |  |  |  |  |
|  | VDA 6.1  |  |  | VDA 6.2  |  |  | VDA 6.4  |
|  |  |  |  |  |  |  |  |
|  | Other standards: |  |

1. **Possible exclusions**

|  |  |
| --- | --- |
|  | “Product Design” (according to IATF 16949 clause 8.3) |

Note: Product design should be excluded if there is no design responsibility for series production parts supplied to the customer, i.e. when the design responsibility of all supplied products is with the customer. The design activities for tools are not considered to be product design in this sense.

1. **Current or previous Management System Certificates for the production site(s)** (if any)

| **Suite #** | **Certificate No. resp. IATF No.** | **Norm / Standard / Regulation** | **Certification Body** | **Last audit day of the certification or recertification audit** (dd.mm.yyyy) | **Certificate valid until** (dd.mm.yyyy) |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Is this audit a transfer audit from another Certification body to TÜV NORD CERT?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |
| If yes, Name of the previous Certification body:  |  |

1. **Information on the number of employees at the production site**

Note: The onsite audit man days depend on the number of employees (“heads”). The total number of employees include employees on site (including permanent, part time, contract, average number of daily workers for the previous six (6) month, period, and temporary employees) and the number of relevant employees in supporting activities (remote or on site).

|  |  |
| --- | --- |
| Total number of employees including part time employees, contract, average number of daily workers for the previous six (6) month period, temporary and number of all employees in EManS and excluding number of employees from remote support location and (if applicable) |  |
|  |  |
| Thereof number of part time employees, contract, average number of daily workers for the previous six (6) month period, and temporary employees (if applicable) |  |
|  |  |
| Thereof number of employees in all EManS (if applicable) |  |

1. **Are there multi languages used in the company** (e.g.: Manufacturing: local language, Management: English and local, Sales: English and local etc.)?

Note: This information will be used for calculation of translator needs during the audit.

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

If yes, please define:

| **Language** (e.g. local, English…) | **Number of employees speaking this language** |
| --- | --- |
| Local language only (please name language) :  |  |  |
| English:  |  |
|  |  |

1. **Area of Application / Scope for the certification of the production site:**

The products/services that are to be certified, named in English as they should appear on the certificate, e.g. “Design and Manufacturing of …”

|  |
| --- |
|  |

Example for scope for the certification:

* “design and manufacturing of widgets”, “manufacturing of widgets” or “manufacturer of widgets”, “assembly, heat treat, welding, plating, painting, etc. of widgets”
* Shall neither include: “…for the automotive industry”, “…for passenger cars”, “…light commercial vehicles”, “.motorcycles “ (or similar); nor “Development”, “Sales”,” Engineering”, “Servicing”, “Warehousing”, “Sequencing”, etc.
1. **Main Customers within Automotive Industry:**

|  |
| --- |
|  |

1. **Application for Automotive/Non-Automotive Separation of Production site**

**Has automotive separation be approved for previous audit?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

**Are the conditions still same?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

Note: If no, re-approval is necessary.

**Are all of the following conditions met for the production site?**

* All automotive manufacturing processes are physically separated from non-automotive manufacturing (e.g., separate building, permanent barrier in between automotive and non- automotive lines/machines, etc.);
* Personnel working in the automotive manufacturing process areas are completely dedicated;
* The same ratio should be applied to the support activity headcount.

 Note: If automotive manufacturing processes are integrated on the manufacturing floor with non- automotive manufacturing processes, then this requirement cannot be applied.

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

|  |  |
| --- | --- |
| Total number of employees dedicated to automotive (incl. all employees in EManS if applicable) |  |

**If yes, approval/re-approval process as following:**

* Approval from the relevant Oversight office is received prior to implementation;.
* If applying for separation of Non-Automotive production an approval from the relevant IATF Oversight office is required prior to implementation
* This application will be processed via TNCERT on your request through completed form A13F180e - “CB waiver request against Rules for achieving IATF recognition 5th Edition” and A13F181e - “Application for Audit Day Reduction for Rules 5.2h”
1. **Are there any remote locations?**

Note: remote location (RL) means locations outside of / remote from the production site which supports the site in its activities (e.g. sales / design offices, but also external warehouses etc.) Please list all remote locations, also those which are audited by another certification body.

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

| Ident-Number of Remote location | **Company / Location name and address** | **Number of employees**  | **Status of Remote Location if audited by another CB** |
| --- | --- | --- | --- |
| **Certification Body (CB)** | **Date of the last IATF 16949:2016 audit** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| … |  |  |  |  |

1. **Membership of industry associations**

Is / are the above company / group of companies a member of an industry association (e.g. automotive industry association, forging industry association, casting industry association …)?

|  |  |  |
| --- | --- | --- |
|  | Yes, which?  |  |
|  | No |  |

1. **Impartiality and Independence**

Due to requirements of the IATF regarding impartiality and impartiality we are obliged to have the following question answered by you:

* Does your company / the plant to be certified belong to a group of companies?

|  |  |  |
| --- | --- | --- |
|  | If yes, which?  |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

* Have in-house training courses been carried out in your company / group of companies by TÜV NORD Group companies in the last 24 months?

|  |  |  |
| --- | --- | --- |
|  | If yes, which topics?  |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

* Have employees of your company / group of companies taken part in public training events / seminars organised by TÜV NORD Group companies?

|  |  |  |
| --- | --- | --- |
|  | If yes, which topics?  |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

* Have you taken advantage of consulting services or training on the management system or on management system related tools (internal auditing, "core tools" such as FMEA, SPC, MSA, APQP, PPAP etc.) in the last 24 months?

|  |  |  |
| --- | --- | --- |
|  | If yes, when, by whom, which topics? |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

1. **Confirmation**

We hereby confirm that the information given in this questionnaire and in the Annexes is complete and correct, and that we will inform TÜV NORD CERT GmbH immediately in the case of legal, commercial and organisational changes in the company, major changes in the processes or areas of activity and in the case of specific OEM changes of status.

We agree that the certification body will inform the IATF if the certification company is changed, and that the certification will place the audit report(s) at the disposal of the IATF / VDA-QMC if they so request. In addition, IATF / VDA-QMC Representatives and their representative have the right to enter the audited company at any time, and can participate in audits in the company in order to perform a witness audit or observe audits. This also applies to the “Internal Witness Audits of the Certification Body” (neutral assessment of an auditor by a member of staff of the certification body). Witness Audits cannot be refused. They do not give rise to any additional costs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Place/Date |  | Name, Function |  | Signature\*) |

\*) If sent by email, the address of the sender is accepted