

AEROSPACE QUOTE REQUEST FORM



INSTRUCTIONS FOR COMPLETION:

Please ensure when completing this form it is downloaded and saved locally before completing. This interactive PDF should be opened and completed in Adobe Reader/Acrobat before resaving and returning to NQA.

IF YOU ARE A MULTI-SITE CLIENT PLEASE DOWNLOAD, COMPLETE AND RETURN THE NQA MULTI-SITE SUPPLEMENT QUESTIONNAIRE.

1. Organization	details:											
Company name (Lega requiring certification):							Count	rry:				
Main office address:												
Postcode:				Website:								
Contact name:												
Job title:												
Email:												
Direct dial:					Mobile:							
2. Which manaç	gement sy	stems st	tandards a	are you	requiring	certifi	icatior	n for? (Tid	ck all	that app	oly)	
AS9100 (Aerospace) Complete Section A				Aerospace) Section A				Transferring Complete S				
3. Integrated ma	anagemer	nt system	ns:					Yes - full	Y	es - partial		No
Is your management sy	stem integrate	ed with other	standards and	d to what ex	tent?							
For further detail on in	ntegration app	oroaches wit	thin managen	nent system	n standards,	please <u>cl</u>	lick here					
4. Please provid	de details	of the br	reakdown	of your	employe	es at tl	his lo	cation:				
	Core hours		Shift 1		Shift 2			Shift 3		Total no.	of emplo	yees
No. of staff:												
Please detail the processes and activities at this site:												
5. Did you have	AQMS ce	ertificatio	n audit in	the last	3 years?)				Yes	No	
if Yes, please let us kno	w the names o	of all auditors	s participating	in all certifica	ation audits ir	ı last 3 ye	ears:					
6. Are you?												
A new client?			A transferring	client?			Ad	lding a standa	ard to yo	ur certificat	tion?	
An existing NQA client?	•	I	Expanding you	ur scope of o	certification?		Ad	lding a site to	your ce	rtification?		

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Note: The scope should explain succinctly the purpose and output covered by the management system; it should describe what the organization does, not how it does it (e.g. the provision of architectural design services, or information security management for).							
8. Do you provide insta activity at client local		contract site works or underta	ke y	our business	Yes		No
9. Do you have outsourced or subcontracted activities?							No
Please provide details of any exter	nally provi	ded processes, products and services:					
10. Is your management system written in the English language and do your staff speak English? If no please confirm the language of your management system:							
11. Do you have a target assessment date?							
12. At what stage of im	plemer	tation are you in?					
Researching Implementing System in place Already certified							
13. Consultant use:							
Are you using a consultant to help you implement/manage the management system? Yes No							
Consultancy name/contact info:							
14. Where did you hear about NQA's service? (Tick all that apply)							
Existing client		Event (exhibition or virtual)		Social media			
Consultant recommendation		Promotional email		Advertising camp	aign		
Professional recommendation		NQA website		Search engine (G	oogle)		

If you have any problems completing this form please call 0800 052 2424 (option 2) or email sales@nqa.com

If you choose to give us any personal information (for example your e-mail address) we will treat this information in line with our privacy notice which can be located here: https://www.nqa.com/en-gb/privacy. We will only use the information provided to respond to your enquiry and provide you with any information or materials requested. By submitting this information you are requesting a quote for services from NQA and a subsequent quote letter will be issued to you based on the information provided within this form.



Other (please specify)

7. Requested scope of certification:

NQA, Warwick House, Houghton Hall Park, Houghton Regis, Dunstable, Bedfordshire LU5 5ZX, United Kingdom

T: 0800 052 2424 E: info@nqa.com @nqaglobal

www.nqa.com



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SECTION A - AS9100 & AS9120

1. What is your site structure?

Type of site: Description:	Single site An organization that operates at one site.	An organization having an identified central function and a network of sites at which activities are fully or partially carried out. All sites must be doing substantially the same manufacturing and/or value added process.
Eligibility Criteria: Check/Tick if Yes Note: An organization must meet all criteria	Stand-alone self supporting organization, with no value stream dependencies from related companies, operating under the same quality management system. One address.	All sites shall have a legal or contractual link with the central office. There is one quality management system with centrally controlled management review and internal audits. The central office can require other sites implement corrective actions. There is a central collection and analysis of data (metrics, etc.) with the ability to initiate organizational change. For example: A company with multiple sites with one overall scope, though some sites may do a reduced part of this scope. Note: One address per site. Some sites may conduct fewer processes than others.

SECTION A - AS9100 & AS9120

2. Do you undertake design and development of products and services?	Yes		No	
If yes, please detail the number of staff engaged in design activities:				
3. Please list the clauses of AS9100 that you do not deem applicable to the proposed	scop	e:		
4 In warm 4 ONG product (4 OO400 and (an 4 OO400) and walliand	.,			
4. Is your AQMS system (AS9100 and/or AS9120) compliant?	Yes		No	
If your system has not been upgraded, when do you plan to do this?				
5. Do you currently have any classified material or export control requirement work?	Yes		No	
Often referred to as ITAR = International Traffic in Arms Regulations (I AR) is a set of United States government regulations that control the export and import of defence-related articles and services on the United States Munitions List (USML).				
6. Are there any restrictions or limitations (e.g. matters of citizenship, proprietary processes,) with respect to right of access to facilities, activities and audit information?	Yes		No	
7. How long has your management system been in place?				
8. Do you have a target assessment date?				
9. Please detail any standards, regulations, or laws that your company must comply w	/ith (i	f app	olica	ble):

ANSWER THE FOLLOWING QUESTIONS IF YOU WISH TO TRANSFER YOUR CERTIFICATION FROM YOUR CURRENT CERTIFICATION BODY.

Please complete one transfer set of questions per certificate you wish to transfer to NQA.

1. Certificate details:								
Certificate number	Standard	Valid until date	Certification body					
2. Reason for transferring:								
3. Are your certifications	currently active?		Yes No					
body, or is a regulatory		rganization to your certifica with or investigating you in HSE for health and safety breaches)						
If yes, please provide more informatio	n:							
5. Please detail the numb non-conformities on the	er of open major and/or m is certificate:	No. of minors	No. of majors					
If one or more, please provide details:								
6. How frequently do you receive audits from your current certification body? Annually 6 monthly Other								
7. Please detail your last audits up to and including the latest recertification or stage 2 audit:								
Audit type (Surveillance/Recert/Stage	2/Special)	Audit duration	Audit date					

To support your transfer please provide the following:

- Copies of your certificates
- Audit reports for all audits conducted up to and including your last Recertification or Stage 2 audit
- Corrective action plan(s) for any non-conformances

If the required supporting documents are not provided a transfer may not be possible. NQA will contact your existing certification body to verify the validity of your certification. **Please note:** Do not cancel your certification with your existing certification body until the transfer process has been completed by NQA and you have received an NQA Certificate.