IATF 16949:2016 QUOTE REQUEST FORM

1. Details of main site and other sites:

Address and postcode:								
Main site:	No. of shifts:			1	2	3	4	
			No. of staff in shift:					
	Scope:					Total no. of emp	oloyees:	
Site 1:	No. of sh	nifts:		1	2	3	4	
			No. of staff in shift:					
	Scope:					Total no. of emp	oloyees:	
Site 2:	No. of sh	nifts:		1	2	3	4	
			No. of staff in shift:					
	Scope:	Scope:				Total no. of employees:		
Site 3:	No. of sh	nifts:		1	2	3	4	
			No. of staff in shift:					
	Scope:					Total no. of emp	oloyees:	
Site 4:	No. of sh	nifts:		1	2	3	4	
			No. of staff in shift:					
	Scope:	Scope:				Total no. of employees:		
Total no. of employees:	(Please continue on s	separate sheets as nece	ssary)				

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2. Details of any off-site support locations:

(i.e. design centre, sales office, warehouse, etc) Address and postcode: Site 1: Support function: No. of staff in shift: No. of shifts: 1 2 4 Total no. of employees: Site 2: Support function: No. of staff in shift: 2 3 Total no. of employees: No. of shifts: 1 4 Site 3: Support function: No. of staff in shift: 2 3 Total no. of employees: No. of shifts: 1 4 Site 4: Support function: No. of staff in shift: No. of shifts: 1 2 4 Total no. of employees: Site 5: Support function: No. of staff in shift: Total no. of employees: No. of shifts: 2 4 1 Total no. of employees: (Please continue on separate sheets as necessary) IF YOU ARE TRANSFERRING YOUR IATF 16949 CERTIFICATION PLEASE COMPLETE **QUESTIONS 3 - 12** 3. Please provide details of your current certificate: Certification Body: IATF certificate number: Closing date of your initial audit: Expiry date of your current certificate: 4. What are your set surveillance intervals? 5. Are you in any special status conditions? Yes Nο Details if yes: 6. Has your certificate been withdrawn or cancelled? No 7. Is your certificate currently under suspension status? No If yes, what was the date of suspension?

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previous 3 year period?	Yes		No			
9. Are there any open non-conformities?	Yes		No			
10. Are you applying for a Letter of Conformance?	Yes		No			
11. Do you require a Pre-Assessment visit?	Yes		No			
12. Have you previously been registered with NQA?	Yes		No			
The following documentation must be available for review prior to the start of the transfer audit:						
 Audit reports for the previous three years. Evidence that all non-conformities issued by the existing certification body for the site and any remote support functions resolution is not acceptable). Key indicators of the Quality Management System performance. 	s are clo	sed (1	00%			
13. Have you previously held certification to IATF 16949 (or previous versions)?	Yes		No			
If yes, please supply ALL of the following when you submit this quote request form:						
 Certificate and status of the certificate Previous Certification Body Audit reports for the previous three (3) year Corrective Action Plans for previous NCRs 	 Audit reports for the previous three (3) year audit cycle Corrective Action Plans for previous NCRs 					
Please note: Failure to do so will constitute a breach of the agreement for the provision of certification and shall, therefore, result in the withdraws the ratification of a positive certification decision.	al of IATF	certifica	tion or p	orevent		
14. What activities* are to be covered by your certification (scope)? *IATF 16949 certification can only be approved to an organisation that are manufacturing parts and/or are adding value to parts within the automo Letter of Conformance can be granted to an organisation who are on an active bid list and have less than 12 months manufacturing data.)	tive suppl	y chain	(an IATF	16949		
15. Are you responsible for product design of the scope above?	Yes		No			
(This could be either at main site or within another location within the whole organisation)						
Staff number engaged on design activity:						
Are your design activities conducted at another location to that being applied?						
16. Please list your Automotive customers:						
Customer: Supplier code:						
	Yes		No			
	Yes		No			
	Yes		No			
	Yes		No			
	Yes		No			
	Yes		No			

Have you transferred from another IATE recognised certification body within the

If you have any problems completing this form please call +632 88863795 or email info@nqa-ph.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/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.



NQA Philippines Inc. Unit 1504B Richville Corporate Tower, Madrigal Business Park, Ayala Alabang, Muntinlupa City, 1780 Philippines www.nqa.com

T: +632 88863795 E: info@nqa-ph.com @nqaglobal

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