

# AEROSPACE (QUALITY) QUOTE REQUEST FORM



Please provide the following information to enable us to confirm the costs of Aerospace certification.

AS9100

AS9120

Both

## 1. Organization details:

Company name:

Company number:

Main office address:

Postcode:

Telephone:

Website:

Contact name:

Job title:

Email:

Direct dial:

Mobile:

## 2. Details of central office and other sites/agencies:

Address and postcode:

Central office:

No. of shifts

Shift Time(s)

Site specific scope:

1 2 3 4 Total no. of employees

No. of staff in shift

Site 1:

No. of shifts

Shift Time(s)

Site specific scope:

1 2 3 4 Total no. of employees

No. of staff in shift

Site 2:

No. of shifts

Shift Time(s)

Site specific scope:

1 2 3 4 Total no. of employees

No. of staff in shift

Site 3:

No. of shifts

Shift Time(s)

Site specific scope:

1 2 3 4 Total no. of employees

No. of staff in shift

Site 4:

No. of shifts

Shift Time(s)

Site specific scope:

1 2 3 4 Total no. of employees

No. of staff in shift

(Please continue on separate sheet as necessary)

Total no. of employees\*:

**3. What activities are to be covered by your certification (scope)?**

**4. Are you?**

a) A new NQA client  Yes  No      b) A transferring client  Yes  No

If a transferring client, please provide details of previous registration(s):

Note: Copies of current certificates of registration and previous audit reports will need to be supplied.

c) Extending your scope?  Yes  No      d) Have you previously been registered with NQA?  Yes  No

If yes, please provide details of the new scope:

**5. Do you undertake design activity?**

Yes  No      Staff number engaged on design activity:

**6. Do you provide installation or other client site works?**  Yes  No

**7. Reference EN 9104-1 - Is your company a: (please tick those applicable)**

Single Site       Multi Site       Campas       Several Sites

Please complete additional NQA certificate structure questionnaire if a non-single site structure is selected.

**8. Do you have out sourced activities?**  Yes  No

Please provide details of out sourced activities:

**9. Please list the requirements of ISO 9001 that you do not deem applicable to the proposed scope of the system:**

**10. AS9100 or AS9120:**

Is your AQMS system compliant?  Yes  No

If your system has not been upgraded, when do you plan to do this?

Do you currently have any classified material or export control requirement work?  
Often referred to as ITAR = International Traffic in Arms Regulations (ITAR) 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)  Yes  No

**11. How long has your management system been in place?**

**12. Do you have a target assessment date?**

### 13. Legal / Regulatory information

Please detail any standards, regulations, or laws that your company must comply with (if applicable):

### 14. Integrated management systems:

Do you require the auditing of your management system to form part of an integrated audit with other management system standards. Yes  No   
 To what extent is your management system integrated?

The management system has an integrated approach to:

	Yes - Full	Yes - Partial	No		Yes - Full	Yes - Partial	No
Document sets including work instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management reviews considering overall business, strategy and aspects relating to the standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improvement mechanisms (such as CAP, measurement etc)strategy and aspects relating to the standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management support and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

### 15. Organizational and process complexity:

	Yes	No
Does the organisation have a simple structure with vertical lines of management communication and few decision makers?	<input type="checkbox"/>	<input type="checkbox"/>
Is the management system highly complex with numerous specific processes? (e.g. a manufacturer where each process is critical to the end product may have many procedures and references to legislative and regulatory documentation)	<input type="checkbox"/>	<input type="checkbox"/>
Are there a large number of the employees completing a similar simple task(s)? (e.g. manned guarding, commercial cleaning, similar assembly lines)	<input type="checkbox"/>	<input type="checkbox"/>
Is the organisation highly regulated by external agencies? (typical industry sectors would be food preparation, aerospace, automotive, electricity generation & gas/oil production etc)	<input type="checkbox"/>	<input type="checkbox"/>
Do stakeholders have specific expectations of the organisation? (e.g. security, health/safety inspections, dangerous waste processing etc)	<input type="checkbox"/>	<input type="checkbox"/>
Does the organisation work within/operate areas having strict security controls? (e.g. chemical plants, oil/gas refineries, electricity generating stations etc)	<input type="checkbox"/>	<input type="checkbox"/>
Are the organisation's operations managed as part of or influenced by a larger organisation's management system? (e.g. controlled by parent company or heavily influenced by local/central government etc)	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other factors which affect the complexity of the organisation's management and processes?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions please provide details below:

**10. Consultant use:**

Yes No

Will you be using a consultant to help you implement/manage the management system?

(If yes, please complete their details below, or contact NQA to be referred to a consultant.)

Consultancy name:

Contact details:

**11. Completed by:**

Name:

Job title:

**12. Where did you hear about NQA's service? (Tick all that apply)**

Existing client

Consultant

NQA's web site

Recommendation from another company

Search engine: e.g. Google

Trade press

Exhibition

Social media

Other (please specify)

**If you have any problems completing this form please call 0800 052 2424 or email [info@nqa.com](mailto:info@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.

**Or print and send to: NQA Sales, Warwick House, Houghton Hall Park, Houghton Regis, Dunstable, Bedfordshire, LU5 5ZX, UK.**



**Contact us**

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