

AUTOMOTIVE MANAGEMENT SYSTEMS QUOTE REQUEST FORM



Please provide the following information to enable us to confirm the costs of IATF 16949 registration.

1. Organization details:

Company name:	<input type="text"/>	Company number:	<input type="text"/>
Main office address:	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Website:	<input type="text"/>		
Contact name:	<input type="text"/>		
Job title:	<input type="text"/>		
Email:	<input type="text"/>		
Direct dial:	<input type="text"/>	Mobile:	<input type="text"/>

2. Details of main site and other sites:

Address and postcode:

Main site:	No. of shifts:	1	2	3	4		
<input type="text"/>	<input type="text"/>	No. of staff in shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Scope:	<input type="text"/>			Total no. of employees	<input type="text"/>	
Site 1:	No. of shifts:	1	2	3	4		
<input type="text"/>	<input type="text"/>	No. of staff in shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Scope:	<input type="text"/>			Total no. of employees	<input type="text"/>	
Site 2:	No. of shifts:	1	2	3	4		
<input type="text"/>	<input type="text"/>	No. of staff in shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Scope:	<input type="text"/>			Total no. of employees	<input type="text"/>	

Site 3:

No. of shifts:		1	2	3	4
	<input type="text"/>	No. of staff in shift	<input type="text"/>	<input type="text"/>	<input type="text"/>

Scope: Total no. of employees

Site 4:

No. of shifts:		1	2	3	4
	<input type="text"/>	No. of staff in shift	<input type="text"/>	<input type="text"/>	<input type="text"/>

Scope: Total no. of employees

Total no. of employees *:

(Please continue on separate sheets as necessary)

3. Details of any off-site support locations

(i.e. design centre, sales office, warehouse, etc)

Address and postcode:

Site 1:

Support Function:

	1	2	3	4	
No. of shifts	Number of staff in shift				Total no. of employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Site 2:

Support Function:

	1	2	3	4	
No. of shifts	Number of staff in shift				Total no. of employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Site 3:

Support Function:

	1	2	3	4	
No. of shifts	Number of staff in shift				Total no. of employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Site 4:

Support Function:

	1	2	3	4	
No. of shifts	Number of staff in shift				Total no. of employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Site 5:

Support Function:

	1	2	3	4	
No. of shifts	Number of staff in shift				Total no. of employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total no. of employees *:

(Please continue on separate sheets as necessary)

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):

1) Please provide the name of your current IATF 16949 certification body:

2) Please provide your IATF certificate number:

3) Please provide the closing date of your initial audit:

4) What is the expiry date of your current certificate initial / recertification?

5) What are your set surveillance intervals?

6) Are you in any special status conditions? Yes No

Details if yes:

7) Has your certificate been withdrawn or cancelled? Yes No

8) Is your certificate currently under suspension status? Yes No

9) If under suspension – what was the date of the suspension?

10) Have you transferred from another IATF recognised certification body within the previous 3 year period? Yes No

11) Are there any open non-conformities? Yes No

12) Are you applying for a Letter of Conformance? Yes No

13) Do you require a Pre-Assessment visit? Yes No

14) 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 are closed (100% resolution is not acceptable)**
- **Key indicators of the Quality Management System performance.**

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

*Please note IATF 16949 registration can only be approved to an organisation that are manufacturing parts and/or are adding value to parts within the automotive supply chain (an IATF 16949 Letter of Conformance can be granted to an organisation who are on an active bid list and have less than 12 months manufacturing data.)

6. Are you responsible for product design of the scope above?

(This could be either at main site or within another location within the whole organisation) Yes No

Staff number engaged on design activity:

Are your design activities conducted at another location to that being applied? Yes No

7. Do you have outsourced activities? Yes No

Please provide details:

8. Automotive Customers:

Customer:

Supplier Code:

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Do you have a target assessment date?

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.

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.



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Contact us

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

T: 0800 052 2424

E: info@nqa.com

www.nqa.com/iatf-16949