

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 N	QA <u>MULTI</u>	SITE SUP	PLEMENT	QUEST	IONNAII	RE.				
1. Organisation	details:											
Company name (Lega requiring certification):							Country:					
Main office address:												
Postcode:				Website:								
Contact name:												
Job title:												
Email:												
Direct dial:					Mobile:							
2. Which management systems standards are you requiring certification for? (Tick all that apply)												
							ansferring your Certification omplete Section A & B					
3. Integrated management systems: Yes - full Yes - partial No												
Is your management s	Is your management system integrated with other standards and to what extent?											
For further detail on i	ntegration app	oroaches w	ithin manage	ement system	standards,	please <u>cli</u>	ck here.					
4. Please provid	de details	of the b	reakdowi	n of your	employe	es at th	nis locat	ion:				
	Core hours		Shift 1		Shift 2		5	Shift 3		Total no. of	employ	/ees
No. of staff:												
Please detail the proce	esses and activ	ities at this	site:									
5. Are you?												
A new client?			A transferring	g client?			Addin	g a standar	rd to you	ur certification	n?	
An existing NQA client	?		Expanding yo	our scope of o	certification?		Addin	g a site to y	our cert	ification?		
6. Requested se	cope of ce	ertificati	on:									
Note: The scope shoul	ld explain succ	inctly the po	urpose and ou	itput covered	by the mana	gement sy	stem; it sho	uld describ	oe what t	the organisa	tion do	es,

not how it does it (e.g. the provision of architectural design services, or Information security management for...).

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7. Do you provide installation, activity at client locations?	contract site works or underta	ke your business Yes	No
8. Do you have outsourced or	subcontracted activities?	Yes	No
Please provide details of any externally provid	ed processes, products and services:		
9. Does the organisation have an interpreter?	staff speaking in more than on	e language and/or use Yes	No
If yes, please specify which language/s:			
10. Do you have a target asses 11. At what stage of implement Researching Implementing	ation are you in?	dy certified	
12. Consultant use:			
Are you using a consultant to help you implen	nent/manage the management system?	Yes	No
Consultancy name/contact info:			
13. Where did you hear about l	NQA's service? (Tick all that a	oply)	
Existing client	Event (exhibition or virtual)	Social media	
Consultant recommendation	Promotional email	Advertising campaign	
Professional recommendation	NQA website	Search engine (Google)	
Other (please specify)			

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.



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SECTION A - AS9100 & AS9120

1. What is your site structure?

Type of Site: Single Site Multiple Site Campus Several S An Organization that operates at one site An Organization having an identified central function An Organization with more than one site having an identified central function	Sites
operates at one site identified central function than one site 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 identified central function and a decentralised, sequential, linked product realisation process. All sites must be doing substantially the same manufacturing and/or value	unction tes that teria for ampus
Eligibility Criteria: Check/Tick if Yes Note: An Organization must meet all criteria Check/Tick if Yes Note: An Organization must meet all criteria Criteria: One address. All sites shall have a legal or contractual link with the central office. There is one quality management tereive 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. 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. All quality processes at all sites are substantially (i.e. > 80%) the same and are operated to the same methods and procedure. For example: A company with multiple sites with no everall 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. Note 2 Note 2 Note 2 Note 2 Note 2 Note 2 All sites shall have a legal or continued office. There is one quality management system with centrally controlled management review and internal audits. The central office can require other alies implement corrective actions. There is a central collection and analysis of data (metrics, etc.), with the ability to initiate Organizational Change. The outputs from one site are an input to another site to realise the final product or service. For example: A company with multiple sites with no expert and the same overall product or service. For example: A company with realist in the same substantially (i.e. > 60%) the same overall components or excellents organizational collection and analysis of data (metrics, etc.), with the ability to initiate Organizational Change. The outputs	e quality nt ntractual e central e central e central e central e quality nt nt ntrolled nt review I audits. office other ment actions. eentral nd data c.), with o initiate mal cesses he site stantially >80% I each lise oduct or on the sites d the groduct ar across similar ures while actures

SECTION A - AS9100 & AS9120

2. Do you undertake design and development of	f products and services?	Yes	No 📗			
If yes, please detail the number of staff engaged in design activities:						
3. Please list the requirements of AS9100 that yo	ou do not deem applicable to the propo	sed sco	pe:			
4. Is your AQMS system (AS9100 and/or AS9120	D) compliant?	Yes	No No			
If your system has not been upgraded, when do you plan to do this?						
5. Do you currently have any classified material Often referred to as ITAR = International Traffic in Arms Regulations (I At that control the export and import of defence-related articles and services)	R) is a set of United States government regulations	Yes	No No			
6. How long has your management system been	in place?					
7. Do you have a target assessment date?						
8. Please detail any standards, regulations, or laws that your company must comply with (if applicable):						

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							
4. Have any complaints been raised against your organisation to your certification body, or is a regulatory body currently engaged with or investigating you in relation to activities you are certificated for? (e.g. HSE for health and safety breaches)							
If yes, please provide more informatio	n:						
5. Please detail the numb non-conformities on the	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.