

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 employees:

Site 1:

No. of shifts:

1

2

3

4

No. of staff in shift:

Scope:

Total no. of employees:

Site 2:

No. of shifts:

1

2

3

4

No. of staff in shift:

Scope:

Total no. of employees:

Site 3:

No. of shifts:

1

2

3

4

No. of staff in shift:

Scope:

Total no. of employees:

Site 4:

No. of shifts:

1

2

3

4

No. of staff in shift:

Scope:

Total no. of employees:

Total no. of employees:

(Please continue on separate sheets as necessary)

2. Details of any off-site support locations:

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

Address and postcode:

| | | | | | | | |
|-------------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|-------------------------|
| Site 1: | <input type="text"/> | Support function: | <input type="text"/> | | | | |
| | | No. of shifts: | No. of staff in shift: | | | | Total no. of employees: |
| | | <input type="text"/> | 1 | 2 | 3 | 4 | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Site 2: | <input type="text"/> | Support function: | <input type="text"/> | | | | |
| | | No. of shifts: | No. of staff in shift: | | | | Total no. of employees: |
| | | <input type="text"/> | 1 | 2 | 3 | 4 | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Site 3: | <input type="text"/> | Support function: | <input type="text"/> | | | | |
| | | No. of shifts: | No. of staff in shift: | | | | Total no. of employees: |
| | | <input type="text"/> | 1 | 2 | 3 | 4 | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Site 4: | <input type="text"/> | Support function: | <input type="text"/> | | | | |
| | | No. of shifts: | No. of staff in shift: | | | | Total no. of employees: |
| | | <input type="text"/> | 1 | 2 | 3 | 4 | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Site 5: | <input type="text"/> | Support function: | <input type="text"/> | | | | |
| | | No. of shifts: | No. of staff in shift: | | | | Total no. of employees: |
| | | <input type="text"/> | 1 | 2 | 3 | 4 | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total no. of employees: | <input type="text"/> | | (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: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. What are your set surveillance intervals?

5. Are you in any special status conditions? Yes No

Details if yes:

6. Has your certificate been withdrawn or cancelled? Yes No

7. Is your certificate currently under suspension status? Yes No

If yes, what was the date of suspension?

8. Have you transferred from another IATF recognised certification body within the 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 are closed (100% resolution is not acceptable).
- Key indicators of the Quality Management System performance.

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 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 withdrawal of IATF certification or prevent the ratification of a positive certification decision.

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 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.)

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?

Yes No

16. Please list your Automotive customers:

Customer:

Supplier code:

| |
|--|
| |
| |
| |
| |
| |
| |

| |
|--|
| |
| |
| |
| |
| |
| |

| | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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.



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