



# AUTOMOTIVE 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.

### 1. Organisation details:

Company name (Legal entity requiring certification):  Country:

Main office address:

Postcode:  Website:

Contact name:

Job title:

Email:  Fax:

Direct dial:  Mobile:

### 2. Please provide details of the breakdown of your employees at this location:

	Core hours	Shift 1	Shift 2	Shift 3	Total no. of employees
No. of staff:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please detail the processes and activities at this site:

Where part time/temporary workers (including agency and/or contract) are employed, please provide full details below:

### 3. Are you?

A new client?  A transferring client?  Adding a standard to your certification?

An existing NQA client?  Expanding your scope of certification?  Adding a site to your certification?

#### 4. Requested scope of certification:

The scope should explain succinctly the value-added activity at component level and/or automotive components covered by the management system (E.g. the manufacture of pressed and welded components)

#### 5. Do you have outsourced or subcontracted activities?

Yes  No

Please provide details of any externally provided processes, products and services:

#### 6. Does the organisation have staff speaking in more than one language and/or use an interpreter?

Yes  No

If yes, please specify which language/s:

#### 7. Do you have a target assessment date?

#### 8. Consultant use:

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

Yes  No

Consultancy name/contact info:

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

Existing client	<input type="checkbox"/>	Event (exhibition or virtual)	<input type="checkbox"/>	Social media	<input type="checkbox"/>
Consultant recommendation	<input type="checkbox"/>	Promotional email	<input type="checkbox"/>	Advertising campaign	<input type="checkbox"/>
Professional recommendation	<input type="checkbox"/>	NQA website	<input type="checkbox"/>	Search engine (Google)	<input type="checkbox"/>

Other (please specify)

# IATF 16949:2016 QUESTIONS

## 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:

(Please continue on separate sheets as necessary)

**IF YOU ARE TRANSFERRING YOUR IATF 16949 CERTIFICATION PLEASE COMPLETE QUESTIONS 3 - 11**

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

If yes, what was the date of suspension?

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

**8. Are there any open non-conformities?**

Yes  No

**9. Are you applying for a Letter of Conformance?**

Yes  No

**10. Do you require a Pre-Assessment visit?**

Yes  No

**11. 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.

**12. 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.

**13. Has your certificate been withdrawn or cancelled?**

Yes  No

If yes, please explain the reason for this:

**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:	Customer Specific Requirements:
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	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.