



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 site address:

Postcode: Website:

Contact name:

Job title:

Email:

Direct dial: Mobile:

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

	Office	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 provide the number of employees, including permanent, part-time, contract, temporary, and the average number of daily workers at each location:

Please detail the processes and activities at this site:

The language(s) in which the audit will be conducted, and the proportion of employees that do not speak the language(s):

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, or have you used within the last 24 months, 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:

IATF USI:

Total no. of employees:

Scope:

Site 1:

No. of shifts:

1

2

3

4

No. of staff in shift:

IATF USI:

Total no. of employees:

Scope:

Site 2:

No. of shifts:

1

2

3

4

No. of staff in shift:

IATF USI:

Total no. of employees:

Scope:

Site 3:

No. of shifts:

1

2

3

4

No. of staff in shift:

IATF USI:

Total no. of employees:

Scope:

Site 4:

No. of shifts:

1

2

3

4

No. of staff in shift:

IATF USI:

Total no. of employees:

Scope:

Total no. of employees:

(Please continue on separate sheets as necessary)

2. Details of any off-site support locations providing support to the manufacturing sites:

(see list below for IATF approved support functions)

Address and postcode:

Site	Address and postcode	IATF USI	Support function	No. of shifts	No. of staff in shift				Total no. of employees
					1	2	3	4	
Site 1:									
Site 2:									
Site 3:									
Site 4:									
Site 5:									

3. Details of any off-site locations having support provided by the manufacturing sites listed above:

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

Address and postcode:

Site 1:	<input type="text"/>	IATF USI:	<input type="text"/>	Support function:				<input type="text"/>
		No. of shifts:	1	2	3	4	Total no. of employees:	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site 2:	<input type="text"/>	IATF USI:	<input type="text"/>	Support function:				<input type="text"/>
		No. of shifts:	1	2	3	4	Total no. of employees:	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site 3:	<input type="text"/>	IATF USI:	<input type="text"/>	Support function:				<input type="text"/>
		No. of shifts:	1	2	3	4	Total no. of employees:	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site 4:	<input type="text"/>	IATF USI:	<input type="text"/>	Support function:				<input type="text"/>
		No. of shifts:	1	2	3	4	Total no. of employees:	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site 5:	<input type="text"/>	IATF USI:	<input type="text"/>	Support function:				<input type="text"/>
		No. of shifts:	1	2	3	4	Total no. of employees:	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

List of IATF approved Support Functions

• Aftersales	• Engineering	• Laboratory
• Policy Making	• Research and Development	• Supplier Management
• Calibration	• Facilities Management	• Logistics
• Process Design	• Repair	• Testing
• Continuous Improvement	• Finance	• Maintenance
• Product Design	• Sales	• Training
• Contract Review	• Human Resources	• Management Review
• Production Equipment Development	• Sequencing	• Warehousing
• Customer Service	• Information Technology	• Marketing
• Purchasing	• Servicing	• Warranty Management
• Distribution	• Internal Audit Management	• Packaging
• Quality System Management	• Strategic Planning	

IF YOU ARE TRANSFERRING YOUR IATF 16949 CERTIFICATION PLEASE COMPLETE QUESTIONS 4 - 9

4. Please provide details of your current certificate:

Certification Body:

IATF certificate number:

Closing date of your last certification audit:

Expiry date of your current certificate:

5. What are your set surveillance intervals?

6. Are you in any special status conditions?

Yes No

Details if yes:

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?

If you are currently bidding for automotive work, please provide evidence to support this. Have you had any Letters of Conformance in the last 3 years?

11. Are you currently registered with NQA and wish to upgrade your ISO 9001 certification?

Yes No

12. Have you previously held certification to IATF 16949 (or previous versions, including any failed Initial audit activities?)

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. Have you received any performance complaints through the IATF Complaint Management System

Yes No

If yes, please provide information regarding the status of the complaint

15. Is a portion of your site dedicated to automotive (ring-fenced) and is it completely separated from non-automotive production?

Yes No

16. What activities* are to be covered by your certification (scope)? Do you have any complex processes or products, for example, that are Safety Critical or Products that have Embedded Software?

*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/or have less than 12 months manufacturing data.)

17. Are you responsible for, or do you have customers that require product design within the scope above.

Yes No

(This could be either at main site or within another location within the whole organisation)
Please provide evidence. For example, please provide a client drawing.

Staff number engaged on design activity:

Are your design activities conducted at another location to that being applied?

Yes No

18. Please provide the following information:

- Your Quality Manual
- Significant changes to the structure or context of the organisation (if re-applying for certification)
- Any language(s) spoken on-site that differs from the language in which the audit will be conducted, including the ratio of workers speaking the foreign language and the process(es) in which they work
- Details of any Quality Management System related consultancy services since the previous audit
- Any customer dissatisfaction scenarios (e.g., special status conditions, complaints from the IATF Complaint Management System [IATF CMS], etc.)
- The latest remote support location audit report(s) and nonconformity management record(s) if the audit was conducted by a different certification body (if applicable)

19. 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"/>

Client name:

Client Signature:

Date:

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

