

In order for us to provide a quote we need to find out some things about your company. Please provide the information requested below. Do not worry if you cannot answer all the questions. All information will be treated as confidential.

Company Name:	
Contact Person:	
Contact Information: email & phone	
Company address :	
Address details of all other company locations:	
Assessment standard(s):	
Scope of certification:	

How many sites require certification	
Total number of employees for all sites	
Hours of operation:	
Give any shift details	

Do you carry out any off-site activities (at your client's site or elsewhere)? Please give details.	
Are any of your processes subcontracted? If yes, please give details	
Give details of any regulations applying to your products or services	
Give details any legal permits, consents or operating licences needed to conduct your business activities	
Do you want to exclude any activities from the scope of certification?	
Have you used a consultant to build or maintain your management system?	
If yes, please give their name	
Do you have a large number of employees completing a similar task? (e.g. production line, service activity – e.g. cleaning). If yes, give details	
Do the production/service activities include a large number of unique product/service critical processes? If yes, give details	

Does your management system cover more than 1 standard? 2 separate manuals?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Not combined/integrated <input type="checkbox"/>	Combined/Integrated <input type="checkbox"/>
			Give the level of integration	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>

Has your management system documentation been created?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long has your management system been in place?		

When are you looking for assessment?	
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Application Completed by	Position	Date

Please send your completed form to **amtri veritas** office@amtriveritas.com.

Transfers – if you wish to transfer your existing certification please provide the following information.

Please send us the following information	current certificate(s) <hr/> last audit report <hr/> last nonconformity report
When is your next visit due and please indicate if it is a surveillance visit or reassessment visit	
Why would you like to transfer?	
Please detail any changes to your organisation or management system since your last visit	
When are you looking for transfer?	
Please give any other details you feel would be useful to this application.	