

***NVT QUALITY CERTIFICATION INTERNATIONAL***

**APPLICATION FORM**

**COMMERCIAL–IN–CONFIDENCE when completed**

Please complete this questionnaire and include brochures or publicity material which demonstrates your organisation’s scope of operation, for certification of your management system.

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| --- | --- | --- |
| 1. Organisation Name |  | |
| Address |  | |
| City | Pin code |
| ***If there are more than one site (permanent or temporary) / address, please attach separate sheet to indicate details of addresses*** |  | |
| City | Pin code |
|  | |
| City | Pin code |
| Legal Status (tick wherever applicable) | Limited  Private Limited  Partnership  Proprietary | |
| ***GST No. and PAN No. (if applicable)*** |  | |
| Approval from Regulatory / and Statutory Authorities & Validity |  | |
| Telephone  (including ISD & STD Code) |  | |
| Fax (including ISD & STD Code) |  | |
| Website |  | |
| Email |  | |
| Chief Executive (Name) |  | |
| Email | Mobile /  Direct No. |
| Management Representative  (Contact Person) (Name) |  | |
| Email | Mobile /  Direct No. |

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| 1. Description of Scope / Product / Services (Please indicate scope for each site)   Attach separate sheet in case there are more than two sites   |  |  |  | | --- | --- | --- | | Site | Scope and Processes | Product / Services | | Head Office | Scope ----  For processes / functions, please attach organization chart |  | | Site 1 | Scope ----  For processes / functions, please attach organization chart |  | | Site 2 | Scope ----  For processes / functions, please attach organization chart |  |  1. Outsourced / Sub-Contracted Processes: (attach list of subcontractors)  |  |  |  |  | | --- | --- | --- | --- | | Name of the Sub-Contractor with Scope of Work | Location | Contact | % of Sub-Contractor | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. To which standard you wish to be assessed and certified?     ISO 9001:2015 : ANAB  NABCB  AS 9100 D : ANAB  AS 9110 C : ANAB  AS 9120 B : ANAB  ISO 14001:2015 : GABRIEL REGISTRAR - (UAF)  ISO 45001:2018 : GABRIEL REGISTRAR - (UAF)  ISO 50001:2018 :GABRIEL REGISTRAR - (UAF)  ISO 27001:2013 : GABRIEL REGISTRAR - (UAF)  IMS (ISO 9001 / ISO14001 / ISO 45001) : GABRIEL REGISTRAR - (UAF)     1. Indicate requirements not applicable of standard’s (clauses) with justification: 2. Is your company part of a larger organization? Yes  No   If Yes, please give the name of the larger organization |
| 1. Fill out the following table with the facilities / sites that you would like to be included in your registration: **This information is REQUIRED to provide you with a quote. Attach separate sheet if required.**  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ***Business at Permanent or Temporary Sites*** | | **Total Number of Employees in the Scope of Certification** : | | | | | | | | | | |  | Early Shift Timing | | | Day Shift Timing | | Late Shift Timing | | Night Shift Timing | | | From | | To | From | To | From | To | From | To | | Shift Timings |  | |  |  |  |  |  |  |  | | 1.Distribution of Employees shift wise | Head Office |  | | | | | | | | | | | Aviation |  |  | | |  | |  | |  | | | Space |  |  | | |  | |  | |  | | | Defence |  |  | | |  | |  | |  | | | Automotive |  |  | | |  | |  | |  | | | Others |  |  | | |  | |  | |  | | | 2. *Distribution of Employees shift wise at Permanent or Temporary Sites* | Site 1 |  | | | | | | | | | | | Aviation |  | |  | |  | |  | |  | | | Space |  | |  | |  | |  | |  | | | Defence |  | |  | |  | |  | |  | | | Automotive |  | |  | |  | |  | |  | | | Others |  | |  | |  | |  | |  | | | 3. *Distribution of Employees shift wise at Permanent or Temporary Sites* | Site 2 |  | | | | | | | | | | | Aviation |  | |  | |  | |  | |  | | | Space |  | |  | |  | |  | |  | | | Defence |  | |  | |  | |  | |  | | | Automotive |  | |  | |  | |  | |  | | | Others |  | |  | |  | |  | |  | |   Note 1: Indicate number of full time employees involved within the scope of certification  Note 2: Indicate number of part time employees and converted to an equivalent full time employees involved within the scope of certification (based on their number of working hours)  Note 3: Indicate number of temporary skilled employees involved with in the scope of certification  Note 4: Indicate shift timings for early shift, day shift, late shift and night shift. Distribute total no. of employees (full time, part time and temporary as indicated above) among the shifts.   1. Certification Structure as per AS 9104/1 for AQMS: (tick whichever applicable)   Single Site Multiple Site Campus Several Sites Complex   1. Certification Structure for QMS: (tick wherever applicable)   Single site Multiple site   1. In case you have more than one site please answer the following: 2. Do you need separate certificates for each site or a single certificate incorporating all site details? 3. Do you have a single MR controlling QMS of all sites or separate MR for each site. From where does the MR operate? 4. Do you conduct one management review covering all sites or separate management reviews for each site? 5. Please indicate if you have any special processes as defined in standard like plating, painting, heat treatment, welding, soldering, crimping etc.)   Yes No  If yes, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please indicate if security or confidentiality clearance is necessary for NVT QC Auditors / Accreditation Body Auditors / IAQG observers carrying out assessment duties anywhere within your organisation.     Yes No     1. Have you engaged a consultant to assist you? Yes No   Name of Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Consultancy Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please list existing certification, if any (if not certified by NVT QC)   Standard  Certification Body  Accreditation Body  Validity of Certification  **Please attach a copy of the certificate**  Date of Last Audit  Any outstanding nonconformities of previous audit?     1. Please list any classified material, export control requirements, security and / or access restrictions regarding your organisation 2. Is your quality system documentation available for review? Yes No   If no, please indicate when your management system documentation will be made   available for review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, how long has it been fully practised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you completed one Internal Audit for all processes? Yes  No   (Including closure of NCRs if any)   1. Have you completed one Management Review after Internal Audit? Yes  No 2. When you propose to offer quality system for certification assessment? 3. Please indicate the desired frequency of surveillance audits in a three year cycle   2 Annual  5 Six Monthly   1. List of major current / potential customers  |  |  |  |  | | --- | --- | --- | --- | | List of Major Current (C) / Potential (P) / Aviation, Space, Defence, Automotive & other Major Customers | | | | | Customer | Location | Contact | % of Business | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. Can audit be performed in English? Yes No   If not, please indicate the preferred language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please identify any product related safety issues and ***organisational safety issues***   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Any other relevant information (***any relationship with NVT QC***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Annual Turnover (not mandatory) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      |  |  | | --- | --- | | Authorised Signatory of Applicant Organisation | Name & Designation | | Date: |  | |

India office: NVT Quality Certification International LLP, CAP-1, Export Promotion Industrial Park, Whitefield, Bangalore - 560 066

Tel: +91 88843 11111 / 22222 / 66666 Email: [nvt@nvtquality.com](mailto:nvt@nvtquality.com) Website: [www.nvt@nvtquality.com](http://www.nvt@nvtquality.com)

USA office: NVT Quality Certification International, 692, Canterbury PL, Milpitas, CA- 95035-3436

Tel: +1 408-836-4370 Email: [vishnu.mathur@nvtquality.com](mailto:vishnu.mathur@nvtquality.com) Website: www.nvtqualitycertificationinternational.com