



Application /Request for Quotation

Please complete this questionnaire and forward it to ACM Limited who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.

| | | | | | | | |
|--|--|---|-----------|--------|--------------------|--------------------|-----------------|
| Company Name | | | | | | | |
| Address | | | | | | | |
| City | | | | | | | |
| Post Code | | Country | | | | | |
| Tel Number | | Contact Name | | | | | |
| Fax Number | | Position | | | | | |
| Web Site | | E-mail | | | | | |
| Standard(s) to be assessed | | 9001 exclusions | | | | | |
| Scope: Please describe what activities your organisation carries out. | | | | | | | |
| | | | | | | | |
| Please list any additional sites to be included in the scope of registration | | | | | | | |
| | | | | | | | |
| Please list the number of employees in each area/ site (use additional page if required) | | Full Time | Part Time | Shifts | Full Time (Site 2) | Part Time (Site 2) | Shifts (Site 2) |
| Manufacturing/Service area | | | | | | | |
| Quality Control/Technical | | | | | | | |
| Administration | | | | | | | |
| Storage/Warehouse | | | | | | | |
| Other | | | | | | | |
| Management | | | | | | | |
| Total Employees (Full time equivalent) | | | | | | | |
| Approx number of sub contractors used on average if applicable. | | Describe the type of work subcontracted if applicable. | | | | | |
| Approximately, what % of you total work is subcontracted out? | | Approximately, what % of work is carried out at clients' sites? | | | | | |
| Do you currently hold any other third party registrations? | | | | | | | |
| When will you be ready for stage one review? | | | | Date | | | |
| How did you hear of ACM Limited? | | | | | | | |
| Were you assisted by a consultant in developing your Management System? | | Name | | | | | |
| | | Website | | | | | |
| For ISO 14001 and OHSAS 18001 please also supply a list of applicable regulations, environmental aspects, and list of any permits, licences or consents. | | | | | | | |
| Signature | | | | | | Date | |
| Please return this form to ACM Limited, The Business Centre, Edward Street, Redditch, Worcestershire, B97 6HA Fax: +44 (0) 1527 66946 or you can save the document and email it to info@acmcert.com . | | | | | | | |