Date:

Management Systems Sector

Japan Quality Assurance Organization

**Request for Quotation**

**IATF 16949**

**Information of the Requester**

|  |  |
| --- | --- |
| Company/Organization Name: | |
| Address: | |
| Section: | Name of Person in Charge: |
| TEL: - - | FAX: - - |
| E-mail: | |
| Due Date Request for the Quotation: | Via: □ FAX □ E-Mail |

\* Your personal information filled in above will be used for the communication and coordination on requested audit service, and information provisions and investigations of our new services. Your personal information will be controlled in accordance with relevant laws and our rules.

**Please fill in the following questionnaire as much as possible.**

|  |  |  |
| --- | --- | --- |
| **1.** | **Company/Organization Name**:  \* Fill in where it differs from above | |
| **2.** | **Address**:  \* Fill in where it differs from above | |
| **Does your company/organization have more than 1 place to be registered?**  **(e.g. Factories, Sales Offices, Multiple Sites, Subcontractors)**  => If “Yes”, please also fill in the Annex 2 and 3, and submit to us with your Organization Chart  □ Yes  => □ Factory (Manufacturing Site)  □ Supporting Function  □ Extended Manufacturing Site  □ No | |
| **3.** | **Audit Type:** | □ Initial Registration  □ Initial Registration (Upgrading from ISO 9001: Registration No. )  □ Registration Transfer  (Name of Current Accredited Certification Body )  => Next Audit to be implemented □ Surveillance □ Renewal |
| **4.** | **Quotation of the Audit You Need After the Registration/Transfer:**  □ Surveillance (Frequency: □ Annual □ Semi-Annual)  □ Renewal | |
| **5.** | **Registration Certificate:**□ In Japanese and English □ In English Only | |
| **6.** | **Scope of Activities to be Registered:** | |
| **7.** | **Responsibility for product design**: □The own company　　□Customer　　□Associated company | |
| **8.** | **Does your company/organization have any other Management System certifications?**  □ Yes in above certification body  => Registered/Certified Standard: Certificate No.  Name of the Certification Body:  □ No | |
| **9.** | **Pre-audit is available as an option. If selected, the pre-audit is performed only once with the maximum of 80% of the 2nd Stage audit man-days.**  □ Undergo pre-audit :　　 　MD | |

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| --- |
| **For JQA Use**  Project No.: A |

**Annex 1**

**List of Customer specific requirements**

Note: Any trading companies which do not perform manufacturing activities cannot be considered to be a customer. In this case, please identify the company to which your products are supplied through the trading companies as a customer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Names of Customers | Supplier codes | Names of products | Names of documents in which the requirements are stated |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

**Annex 2**

**List of sites (factories) to be certified**

If your company/organization have more than 1 place to be registered, please write them separately in the table below and attach relevant organizational chart.

|  |  |  |  |
| --- | --- | --- | --- |
| No | Site name, location, and estimated travel time | Business profile  Example: Design and manufacturing of XX. | Total number of site employees |
| 1 | ◎ Main site ◎  (Name, location and activities: Refer to 1, 2 and 6) | |  |
| 2 | Name：  Location：Location：  　　　　　　　　　　　　　 　　　ZIP  Travel time from the main site: hour(s)  Extended manufacturing site: □YES　　□NO |  |  |
| 3 | Name：  Location：  　　　　　　　　　　　　　　　　　　　　ZIP  Travel time from the main site: hour(s)  Extended manufacturing site: □YES　　□NO |  |  |
| 4 | Name：  Location：  　　　　　　　　　　　　　 　　　ZIP  Travel time from the main site: hour(s)  Extended manufacturing site: □YES　　□NO |  |  |
| 5 | Name：  Location：  　　　　　　　　　　　　　 　　　ZIP  Travel time from the main site: hour(s)  Extended manufacturing site: □YES　　□NO |  |  |
| \* In case of not enough columns to write all of the sites, please use photocopy of this sheet to complete the list. | | Total | persons |

**Annex 3**

**List of Supporting Functions**

\*When there are sales offices, etc. located outside the main site, please write them separately in the table below and attach relevant organizational chart.

\*Please write all the supporting functions of your group companies. (The function to be covered can be determined at your own discretion taking into consideration the product flow from order to delivery.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Site name, location, and estimated travel time | Business profile (supporting function)  Example: Design and manufacturing of XX. | Site to be supported | Number of employees of the department in charge |
| 1 | ◎ Main site ◎  (Name and location: Refer to 1, 2 and 6) | | □ Support all sites.  □ Support a specific site(s).  □ Support a single site(s).  □ Support several sites. |  |
| [Site(s) now supporting]  \* Write the relevant site number of Annex 2.  (　　　　　　　　　　　　　　　　) |
| 2 | Name：  Location：  　　　　　　　　　　　　　 　　　ZIP  Travel time from the main site: hour(s) |  | □ Support all sites.  □ Support a specific site(s).  □ Support a single site(s).  □ Support several sites. |  |
| [Site(s) now supporting]  \* Write the relevant site number of Annex 2.  (　　　　　　　　　　　　　　　　) |
| 3 | Name：  Location：  　　　　　　　　　　　　　 　　　ZIP  Travel time from the main site: hour(s) |  | □ Support all sites.  □ Support a specific site(s).  □ Support a single site(s).  □ Support several sites. |  |
| [Site(s) now supporting]  \* Write the relevant site number of Annex 2.  (　　　　　　　　　　　　　　　　) |
| 4 | Name：  Location：  　　　　　　　　　　　　　 　　　ZIP  Travel time from the main site: hour(s) |  | □ Support all sites.  □ Support a specific site(s).  □ Support a single site(s).  □ Support several sites. |  |
| [Site(s) now supporting]  \* Write the relevant site number of Annex 2.  (　　　　　　　　　　　　　　　　) |
| \* In case of not enough columns to write all of the associated organizations, please use photocopies of this sheet to complete the list. | | Total | The number of sites to be supported： | persons |