

## 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

1. Organisation name		
Address		
	City	Pin code
<i>If there are more than one site(permanent or temporary) /address, please attach separate sheet to indicate details of addresses</i>		
	City	Pin code
	City	Pin code
Legal status (tick wherever applicable)	<input type="checkbox"/> Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary	
GST No. and PAN No. (if applicable)		
Approval from Regulatory/ and statutory authorities & validity.		
<b><i>Is ITAR requirements applicable for your organization? If Yes, is your organization ITAR compliant?</i></b>		
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.

2. 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	

3. Outsourced/sub contracted Processes: (Attach list of subcontractors with details)

Name of the Subcontractor	Scope of work	Location	Contact details

4. 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)

5. Indicate requirements not applicable of standard's (clauses) with Justification:

6. Is your company part of a larger organization? Yes  No

If Yes, please give the name of the larger organization \_\_\_\_\_

7. 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.**

<b>Business at Permanent or Temporary Sites</b>		<b>Total number of employees in the scope of certification :</b>							
		<b>Early shift Timing</b>		<b>Day shift Timing</b>		<b>Late shift Timing</b>		<b>Night shift Timing</b>	
		<b>From</b>	<b>To</b>	<b>From</b>	<b>To</b>	<b>From</b>	<b>To</b>	<b>From</b>	<b>To</b>
<b>Shift timings →</b>									
<b>1. Distribution of employees shift wise</b>	Head Office								
	Aviation								
	Space								
	Defence								
	Automotive								
	Others								
<b>2. Distribution of employees shift wise at Permanent or Temporary Sites</b>	Site 1								
	Aviation								
	Space								
	Defence								
	Automotive								
	Others								
<b>3. Distribution of employees shift wise at Permanent or Temporary Sites</b>	Site 2								
	Aviation								
	Space								
	Defence								
	Automotive								
	Others								

Note 1: Indicate no. of full time employees involved within the scope of certification

Note 2: Indicate no. 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 no. 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.

8. Certification structure as per AS 9104/1 for AQMS: (tick whichever applicable)

Single site Multiple site Campus Several sites Complex

9. Certification structure for QMS: (tick wherever applicable)

Single site Multiple site

10. In case you have more than one site please answer the following:

- a) Do you need separate certificates for each site or a single certificate incorporating all site details?
- b) Do you have a single MR controlling QMS of all sites or separate MR for each site. From where does the MR operate?
- c) Do you conduct one management review covering all sites or separate management reviews for each site?

11. 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 \_\_\_\_\_

12. 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

13. Have you engaged a consultant to assist you?

Yes No

Name of consultant: \_\_\_\_\_

Name of consultancy firm: \_\_\_\_\_

14. 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?

15. Please list any classified material, export control requirements, security and/or access restrictions regarding your organisation

16. 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 \_\_\_\_\_

17. Have you completed one Internal Audit for all processes? Yes No

(Including closure of NCRs if any)

18. Have you completed one Management Review after internal audit? Yes No

19. When you propose to offer quality system for certification assessment?

20. Please indicate the desired frequency of surveillance audits in a three year cycle

2 Annual 5 Six monthly

21. 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

22. Can audit be performed in English? Yes No

If not, please indicate the preferred language \_\_\_\_\_

23. Please identify any product related safety issues and **organisational safety issues**

\_\_\_\_\_

24. Any other relevant information (**Any relationship with NVT QC**) \_\_\_\_\_

25. Annual turnover (not mandatory) \_\_\_\_\_

Authorised Signatory of applicant organisation	Name & Designation
Date:	

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