

QUOTATION REQUEST & APPLICATION FORM – ISO 9001-2015 MANAGEMENT SYSTEM CERTIFICATION



ER CERTIFICATION LTD

Please note that ER Certification Ltd. operates exclusively within the flat glass, window & door industries.

Details for site to be certified	Organisation	
	Address	
	Contact person	
	Job title	
	Telephone no.	
	E-mail address	
	Date	
Is this the head office? If no, please provide details for head office.		

To ensure that we provide the correct offer, please check the box(es) that apply to your organisation.

Which functions form part of normal business operations:			
<input type="checkbox"/>	Production	<input type="checkbox"/>	Storage
<input type="checkbox"/>	Development & Design	<input type="checkbox"/>	Distribution
<input type="checkbox"/>	In-house Maintenance	<input type="checkbox"/>	Other: please identify:
<input type="checkbox"/>	Installation		
Are any processes outsourced, (e.g. sales, fabrication processes, purchasing)			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please state which:			
Very important: Please state required scope of certification (these will be detailed on the issued certificate):			

Quotation request for certification according to
<input type="checkbox"/> ISO 9001:2015
<input type="checkbox"/> Other, please detail:

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Quality Management System (QMS)	
Does a single QMS detail your activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please provide additional details:	
Has its development and/or implementation been provided with assistance by a consultancy? If yes, please provide details of the consultant involved.	

Present, valid certification (if applicable)	
According to which certification standard:	
First issue of the certificate:	
Issuing Certification Body:	
End date (validity) of the certificate:	
Are there any outstanding non-conformities? If yes, please detail. Where possible, please provide a copy / proof of the last audit.	

Work force on this site :	
Total number of full-time employees	
Total number of part-time employees (max. ½ day)	
Total number of Agency persons	
Is shift working in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please indicate number of shifts per day.	

Additional Branch locations relevant to certification:				
Is there a single Quality Manual for the organisation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Branch location:	Number of employees/persons at this branch		
		Full-time	Part-time	Agency
1.				
2.				
3.				
4.				



