**Quality Management Systems: Aerospace**

**AS 9100D / AS 9120B
Quote Request Form**

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| 1. **Organization name :**
 |  | Organization Tax number |  |
| Main site address:  |
| Web site: |  | Tel: | Fax: |
| Contact name: |  | Job title: |  |
| E-mail: |  | Tel: | Mobile: |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Details of main site and other sites/agencies** Address and Postcode
 | No of Shifts | 1 | 2 | 3 |   | Total no. of employees |
| Number of staff in shift |
| Main site: |  |  |  |  |  |  |
| Site 1: |  |  |  |  |  |  |
| Site 2: |  |  |  |  |  |  |
| Site 3: |  |  |  |  |  |  |
| (Please continue on separate sheets as necessary) | Total no. of employees\*: |  |

\* Where part time workers or contracted workers are employed, please provide full time equivalent i.e. 10 persons X hrs q normal working hours.

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| 1. **Standard certification:**
 | [ ]  **AS9100 D** | [ ]  **AS9120** **B** |
| 1. **What activities are to be covered by your registration (Scope)?**
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| --- | --- | --- |
| 1. **Do you undertake design activity? (staff number engaged on design activity………..)**
 | [ ]  yes | [ ]  No |

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| --- | --- | --- |
| **Do you provide installation or other site works?** | [ ]  yes | [ ]  No |

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| --- | --- | --- |
| 1. **Do you have outsourced activities?**
 | [ ]  yes | [ ]  No |
| Please provide details of outsourced activities: |  |  |

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| 1. **Please list the ISO 9001 clauses that have been excluded from the system**
 |  |  |
|  |  |  |

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| 1. **Are you?**
 |  |  |  |  |  |
| 1. A new SII client
 | [ ]  yes | [ ]  No | 1. A transferring client
 | [ ]  yes | [ ]  No |
| 1. ichut foter eIf a transferring client, please provide details of previous registration(s):
 |
| 1. Extending scope i.e. , AS 9100 , AS9120
 | [ ]  yes | [ ]  No |
| If yes, please provide details of the new scope:  |

|  |  |
| --- | --- |
| 1. **Ministry of defense (מנה"ר) Supplier details :**
 | **MoD No. (מס' ספק מנה"ר):** |
| **Business license:** |  | expiration date | לחץ או הקש כאן להזנת תאריך. |  | Exist permanently |  | Exemption |  | Does not exist |

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| 1. **Do you have a target assessment date?**
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| 1. **To ensure the quotation provided reflects your organizations management and process complexity please complete the following.** (please tick)
 |
| The organization has a simple structure with vertical lines of management communication and few decision-makers. | [ ]  yes | [ ]  No |
| The quality system is very complex with many specific processes. (e.g. A manufacturer where each process is critical to the end product may have many procedures and references to legislative and regulatory documentation) | [ ]  yes  | [ ]  No |
| The organizations design processes are complex with many sub processes /procedures.(e.g design of complex structures, software or dangerous substances etc.) | [ ]  yes | [ ]  No |
| A large number of the employees complete a similar simple task(s).(e.g. manned guarding, commercial cleaning, similar assembly lines) | [ ]  yes | [ ]  No |
| The organization is highly regulated by external agencies. (e.g. typical industry sectors would be food preparation, aerospace, automotive, electricity generation & gas/oil production etc.) | [ ]  yes | [ ]  No |
| Stakeholders have specific expectations of the organization, (e.g. controlled by parent company or heavily influenced by local/central government, etc.) | [ ]  yes  | [ ]  No |
| The organization work within/operate areas having strict security controls.e.g. chemical plants, oil/gas refineries, electricity generating stations, etc.) | [ ]  yes | [ ]  No |
| The organization operations are part of a larger organizations management system or are influenced by it. (e.g. controlled by parent company or heavily influenced by local/central government, etc.) | [ ]  yes | [ ]  No |
| Do you currently have any classified material or export control requirements that SII should be aware of as part of the audit process?. If yes please list : | [ ]  yes | [ ]  No |
| **Do you currently have any restricted areas (e.g. server room) that may result in access being denied to the audit team during the audits. If yes please list :**  | [ ]  yes | [ ]  No |
| Please provide any other information that you feel is applicable to your application |  |  |

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| 1. **Declaration:**

 **Date: Name:**  |
| We confirm the above, undertake to comply with the regulations relating to registration and to pay all fees and charges connected with the registration process, irrespective of the eventual granting of registration. |  |  |
| 1. **Will you be using a Consultant to help you implement the Quality Management System?**
 | [ ]  yes | [ ]  No |
| (If yes, please complete their details below): |  |  |
| Consultant name: |  |  |
| E-mail: Tel: Fax: |   |   |

**If you have any problems completing this questionnaire please call 03-6467871**