

## **Application / Request for Quotation**

Please complete this qu	uestionn	aire and forwa	rd it t	o QAED Cer	tificati	on. Who will the	n provi	de you wit	th a	
written Quotation? Any	informa	ation will be tre	ated	as confidenti	al and	will not be discl	osed o	r discusse	ed with	
any third party.										
Entity Name										
Address										
Tel Number										
Fax Number										
Country/City										
Web Site										
Contact Name										
Position										
Mobile Number										
E-mail										
Standard(s) to be assessed		ISO 9001		ISO 22000		ISO 14001		ISO 450	001	
		ISO 27001		ISO 20000-1		ISO 22301				
Accreditation Required	□ EG	AC □ Oth	er							
Scope: Please describe	what a	ctivities your or	rgani	sation carries	out.					
Is any part of the proces	ss and/c	or product sub-	contr	acted (out-sc	nircec	1)2 If Ves please	detail	what		
15 dry part of the proces	33 4114/6	product sub	oonii	acted (out se	Jaroce	a): 11 100, picast	dotaii	wiidt.		
Total Number of Emplo	vees									
Number of Shifts	<u>,                                     </u>									
Number of Seasonal Er	nnlovee	 S								
Trampor or occornar Er										
Please list any addition	nal site	s to be includ	lad ir	the scope	of rec	istration				
Location Sites	Location of sites (Address)					jou duon		mber Shifts	Number of	
Site 1:										
Site 2:										
Site 3:										
Applicable Legal & Sta	atutory	Requirements	s?							
Whether consultancy	relating	to the MS to	be c	ertified has	been	provided and, i	f so, by	whom:		

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OFFICIATION PROOF AND PEOU	FATER			
CERTIFICATION PROGRAMME REQU	ESTED			
☐ Initial certification				
Recertification				
☐ Transfer				
In the case of several certification separately?	programmes, would you like the audits t	to be combined or carried out		
	□ Co	ombined  Separate		
In case of transfer from another CB wha	t is the reason of transfer:			
Expiring date of current certificate:				
Please Attached: Valid Certificate, last a	udit reports and any outstanding noncor	nformities		
Current system certifications at the site				
Current system certifications	Certification body	Valid until		
For Quality Management System ISO		ISO 20000-1 .		
Is the Clause" Design & Development" in ☐ Yes ☐ No	ncluded in the Scope of Organization?			
Is there other nonapplicable clauses?				
□ Yes □ No				
"if Yes, Please Specify Here				
Does the client have documented and in	nplemented ISMS which conforms to ISC	D/IEC 27001 and other		
documents required for certification.				
For Environmental Management Syste	em ISO 14001:2015			
Whether Initial Environmental Review (II		0		
Whether Register of Significant Aspects		0		
Whether Environmental Management Pr	0			
Attach List of Compliance Obligations  Please attached list of Significant Env. Aspects				
Please attached list of Significant Env. A	specis			
For Occupational Health & Safety Sys Have you identified Hazards and risk?	<u>tem ISO 45001:2018</u> ☐ Yes ☐ No			
If yes please	- 103 - 140			
List of Hazardous materials and any rele				
Detail all identified Critical occupational I Whether Incident/ Accident Register ava				
Imp: Please furnish and attach with Quo				
<u> </u>				

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For Food Safety Management System ISO 22000:2018	
Total No of HACCP Studies ( As per ISO/TS 22003-1:2022)	
How many process lines are there in production  Please write Products will be included in the scope of certification	
Flease write Froducts will be included in the scope of certification	
	•••
	•••
FOR QAED USE ONLY	
Application Povious	
Application Review:	
Is the information about the applicant organization and its MS sufficient to develop an audit	
programme?	
2. Has any known difference in understanding between QAED and the applicant organization is	
resolved;	
3. Does QAED have the competence and ability to perform the certification activity;	
4. Did the scope of certification sought, the site(s) of the applicant organization's operations, time	
required to complete audits and any other points influencing the certification activity are taken	
into account (language, safety conditions, the QAED to impartiality, etc.).	
Can the application be further processed?	
Justifications If No	
CERTIFICATION MANAGER	
Name:	
Name: Signature:	
Signature:	

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