

# TRA Certification Int'l, Inc. USA Quality System Registrations



## Supplier Information Form for a No Obligation Quotation

Please respond to the following questions in order to receive a quotation for services. This is not an application and does not obligate your company. Please answer as fully as possible so that we may more accurately determine the degree of assessments required.

Please Return To: [TRA Certification Int'l, Inc. USA](#)  
eMail: [mmerrill@trarnold.com](mailto:mmerrill@trarnold.com)  
Mailing Address: [700 E. Beardsley Ave,](#)  
[Elkhart, IN 46514](#)  
[www.tra-cd.com](http://www.tra-cd.com)  
Fax: [574-264-070](tel:574-264-070)

1.0 General Information: \_\_\_\_\_

1.1 Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

1.2 Site to be Registered: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Site Executive: \_\_\_\_\_ Title: \_\_\_\_\_

ISO Management Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

1.3 Number of buildings at site and approximate size: \_\_\_\_\_

1.4 Other locations associated with operation: \_\_\_\_\_

Address: \_\_\_\_\_

1.5 Other sites planned to be Registered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.0 Operational Information: \_\_\_\_\_

2.1 Normal Business Hours: \_\_\_\_\_ Office: \_\_\_\_\_

Production Hours: \_\_\_\_\_ Shift1: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Shift2: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Shift3: \_\_\_\_\_ Days/Week: \_\_\_\_\_

2.2 Number of employees, including independent contractors and part time:

	Design	Production	Other	Total
Shift 1:	_____	_____	_____	_____
Shift 2:	_____	_____	_____	_____
Shift 3:	_____	_____	_____	_____
Total:	_____	_____	_____	_____

2.3 What products and/or services are produced at this site? Use IAF code if known. Use generic product names/trade names:

\_\_\_\_\_  
\_\_\_\_\_

2.4 Briefly describe the principal operations at this site, such as fabrication, assembly, blending, etc.:

\_\_\_\_\_  
\_\_\_\_\_

2.5 How many parallel process lines are there at this site?

\_\_\_\_\_  
\_\_\_\_\_

2.6 Describe processes or support services that are subcontracted or performed at other company sites:

\_\_\_\_\_  
\_\_\_\_\_

2.7 Describe any products/services at this site not to be included in Registration:

\_\_\_\_\_  
\_\_\_\_\_

3.0 Quality System: \_\_\_\_\_

3.1 Requesting Assessment to: \_\_\_\_\_ ISO 14000 \_\_\_\_\_ TL 9000  
\_\_\_\_\_ ISO-9001:2008, with Product design responsibility \_\_\_\_ Yes \_\_\_\_ No

3.2 By what date will you select a Registrar? \_\_\_\_\_

3.3 When do you expect to have your ISO/QS Quality System fully implemented?  
\_\_\_\_\_  
\_\_\_\_\_

3.4 By what date do you plan to be Registered? \_\_\_\_\_

3.5 Do you wish a quote for pre-assessment? \_\_\_\_\_ Yes \_\_\_\_\_ No

3.6 What functions are performed partially or fully at another site that are part of this Quality System?  
\_\_\_\_\_

3.7 For multi-site companies, do the Quality Manual and Procedures apply to all sites? \_\_\_\_ Yes \_\_\_\_ No  
If no, are other sites on the same format? \_\_\_\_ Yes \_\_\_\_ No

4.0 Other: \_\_\_\_\_

4.1 List any designation, awards or recognitions received during the past 3 years from customers or industry groups that relate to your Quality System:  
\_\_\_\_\_  
\_\_\_\_\_

4.2 Has an independent consultant been used to develop your ISO or TL based Quality System? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_

Name of Submissions Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_