

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
Mailing Address: [700 E. Beardsley Ave,](#)
[Elkhart, IN 46514](#)
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: _____