



TRA CERTIFICATION INT'L.



Title: Audit information

Issue Date: 06/04/2002 Latest Rev.: 01/14/2009

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In preparation for the upcoming audit of your company's quality and/or environmental management system we wish to request an update on the following information.

Type of Audit: _____ Registration _____ Surveillance _____ Upgrade

Company (Official Corporate Name): _____

Division (if applicable): _____

Contact: _____ Telephone: _____ Fax: _____

Physical Address: _____

Nearest Highway or Cross Street: _____

Production Schedule:

	1 st Shift	2 nd Shift	3 rd Shift
Days of Week	_____	_____	_____
Hours	____ am ____ pm	____ am ____ pm	____ am ____ pm
Meal Break	_____	_____	_____
No. of Production Employees	_____	_____	_____
No. of office employees:	_____ Normal Hours: _____		
Principal Language:	_____ Other(s): _____		

Description of Services (Scope Statement): _____

SIC Number (s): _____

Applicable Standard (s): _____ ISO 9001 _____ ISO 14000

_____ TL 9000 _____ Other

Please complete this form, sign and return to TRA Certification (fax: 574/264-0740)

Company Representative: _____ Date: _____