

**VELOSI QUALITY MANAGEMENT INTERNATIONAL LTD.**

PO Box 113316, Dubai, United Arab Emirates (UAE)  
 Tel: +971 4 2289 074/+9712 5502600 Fax: +971 2 5502601  
 Email: velosiqm@velosi.ae



**REQUEST FOR QUOTATION**  
 MANAGEMENT SYSTEM CERTIFICATIONS

<input type="checkbox"/> Initial certification	<input type="checkbox"/> Scope Expansion	<input type="checkbox"/> Transfer of Certification	<input type="checkbox"/> Others
1. Audit Standard selected for Certification: <input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> OTHERS			
2. Company Name	(Attach Visiting Card)		
3. Physical Address	Contact Person		
City :	Designation :		
PO Box :	Telephone No :		
Postal Code :	Fax No. :		
Country :	E-mail Address :		
<b>4. EMPLOYEE CATAGORY</b>	<b>NOs</b>	<b>Category</b>	<b>NOs</b>
a. Management		d. Workers	
b. Managers		e. Others	
c. Supervisors		<b>Total Employees: (a+b+c+d+e)</b>	
5. Description of product(s) / service(s) offered: (Attach company Brochure / website address)			
<b>6. Key QMS activities performed</b>	<b>√ if YES</b>	<b>Key QMS activities performed</b>	<b>√ if YES</b>
Design & Development		Manufacturing	
Operation/Services		Purchasing	
Warehousing		Other s	
<b>7. Key Environmental impact: Categories (Only for EMS 14001)</b>			
Air Pollution		Soil Pollution	
Water Pollution		Noise Pollution	
Odour		Others	
<b>8. Key Health and Safety Hazards: Categories (Only for OHSAS 18001)</b>			
Mechanical		Fire/Explosion	
Electrical		Heat/Radiation	
chemical		Others	
9. Are your product(s) / service(s) governed by statutory / regulatory requirement: <input type="checkbox"/> YES <input type="checkbox"/> NO (TICK APPROPRIATE)			
10. Language in which your management system is documented: _____			

**OTHER LOCATIONS**

**11. Please indicate details of other offices (E.g. branch or sales office) within the same country or other countries that your company wishes to include within the certificate. (Use additional sheets, if required)**

Country/Site1 \_\_\_\_\_ Activities \_\_\_\_\_

Contact address: \_\_\_\_\_

Country/Site2 \_\_\_\_\_ Activities \_\_\_\_\_

Contact address: \_\_\_\_\_

**12. Has your company used consulting services in development of your Environmental Management System? If yes, please provide following details.**

Name of the consulting organization: \_\_\_\_\_

Name of the Consultant(s): \_\_\_\_\_

Contact telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

13. Do you need a Pre-Assessment to be performed :  YES  NO

Do you need a Training to be performed:  YES  NO

**FOR TRANSFER OF CERTIFICATE ONLY**

Please attach (a) A copy of certificate issued from previous certification body (b) A management Letter citing reasons for change (c) A copy of latest Management Review record and (d) A copy of the Audit Report along with Non-Conformances, if any, from the latest audit performed by your previous certification body.

VQMI shall review the above information submitted with complete confidentiality. VQMI shall provide reasons for non-acceptance of the request and return the documents..

CLIENT REPRESENTATIVE: \_\_\_\_\_ TITLE : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_

**Note:**  
Please forward your Quality/Environmental System Manual and Procedures/ Broachers along with this application for our review and preparation of quotation.

Enclosed: VQMI – F 40- Rules of certification