

VELOSI QUALITY MANAGEMENT INTERNATIONAL LTD.

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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	<input type="checkbox"/> Recertification <small>Please give previous certificate number</small>
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				
3. Physical Address			Contact Person	
City :			Designation :	
PO Box :			Telephone No :	
Postal Code :			Fax No. :	
Country :			E-mail Address :	
(Attach Visiting Card)				
4. EMPLOYEE CATAGORY		NOs	Category	NOs
a. Top Management			No of Shift & employee per shift	
b. Managers			Other detail	
c. Supervisors				
d. Workers				
TOTAL				
5. Description of product(s) / service(s) offered: (Attach company Brochure / website address)				
6. Key QMS activities performed		√ if YES	Key QMS activities performed	√ if YES
Design & Development			Manufacturing	
Operation/Services			Purchasing	
Warehousing			Other s	
7. Key Environmental impact: Categories (Only for EMS 14001)				
Air Pollution			Soil Pollution	
Water Pollution			Noise Pollution	
Odour			Others	
8. Key Health and Safety Hazards: Categories (Only for OHSAS 18001)				
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				

10. Language in which your management system is documented: _____

OTHER LOCATIONS

11. a). Please indicate details Branch or sales office, company wishes to include within the certificate. (Use additional sheets, if required)

Country _____ Address _____ Activities _____

Country _____ Address _____ Activities _____

11. b) Please give the detail of site

Construction Site1 _____ Location _____ Activities _____

Construction Site2 _____ Location _____ Activities _____

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: _____ Contact detail: _____

13. Do you need a Pre-Assessment to be performed : YES NO
Do you need a Training Services : YES NO (if yes give detail)

FOR TRANSFER OF CERTIFICATE FROM ANOTHER CERTIFICATION BODY TO VQMI

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. In case of non-acceptance of the requirement VQMI shall provide reasons for non-acceptance 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 04- Rules of certification