



AEA QUALITY REGISTRARS, INC.

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CLIENT COMPANY PROFILE

Please supply the following information so we may provide an estimate of work scope and cost for Certification of your company Quality System (Please submit a separate form for each location).

• Company Name:
• Address:

• Contact Person:	Title:
Tel:	Fax:
E-mail:	

• Total number of Personnel:	# of Product Lines:	# of Work Shifts:
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• Select (☑) the functions performed at this location and indicate number of employees for each:						
<input checked="" type="checkbox"/>	Function	# of employees		<input checked="" type="checkbox"/>	Function	# of employees
	Management				Manufacturing	
	Sales				Inspection & Testing	
	Design				Storage	
	Planning				Shipping	
	Purchasing				Servicing	

• Describe Products & Services provided by this location and Applicable codes:			
• Was your QMS Prepared by Consultants? Select (☑): Yes () No ()			
• List Applicable Regulatory Requirements:			
• List Outsourced Processes:			
Applicable Codes:	EAC:	NACE:	SIC:

• Describe the desired Scope of Certification:

• Select (☑) the desired Standard(s) for Certification:							
<input type="checkbox"/>	ISO 9001:2008	<input type="checkbox"/>	TL 9000	<input type="checkbox"/>	ISO/TS 16949	<input type="checkbox"/>	AS 9100
<input type="checkbox"/>	ISO 13485	<input type="checkbox"/> Other:					

• Have you implemented a Quality Management System? Place a (☑) mark.						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Which Standard?	<input type="checkbox"/>	When ?

• Will you require a Pre-audit of your Quality Management System? Place a (☑) mark.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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• When do you anticipate achieving Certification?	(Month / Year)
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• Choose a plan for frequency of surveillance audits (No extensive Re-Certification audit for 6 Monthly plan):					
<input type="checkbox"/>	6 Monthly	<input type="checkbox"/>	9 Monthly	<input type="checkbox"/>	Annual

Signature	Printed Name	Title	Date

After you fill out this profile, please e-mail the form to aea@aeaquality.com, or fax to +1-845-298-1253.