

Dear Customer,

As a certification body for QM-systems based on ISO/TS 16949, we have to get certain information about your organization. This information will be used for the preparation of an offer or for planning of a certification / surveillance audit. The information will be handled confidentially and in line with the rules for certification acc. to ISO/TS 16949.

Please support us in this matter to guarantee the smoothest possible procedure for the assessment-process.

We politely ask you to fill in the questionnaire and enclose the necessary information/documents. Please submit the questionnaire and its annexes by e-mail to our office. Please send the signed page of the questionnaire by fax, by courier or e-mail the scanned page with signature.

1. General information *(for a group of companies aiming for group certification, please state the details referring to the group (headquarters), etc.*

Company _____

Address: _____

Zip code, town: _____

Country: _____

Contact partner: _____

Function: _____

Phone: _____

Mobil-Phone: _____

Fax : _____

E-Mail: _____

2. Intended Certification

ISO/TS 16949:2002

ISO 9001:2000

3. Possible Exclusions:

"Product-Design" acc. to Chapter 7.3

(Note: Product-Design can be excluded when there is no Design Responsibility for the supplied product to the automotive industry which means that no design activities were carried out for customers. Following this definition, design / construction of tools are not valid as design)

4. Are you aiming for corporate scheme certification (for a group of companies?)

No

Yes: Please list the individual locations below and fill in Annex 1 once for each location. Please then continue on page 2.

5. Does your organization have any remote locations (any supporting functions e.g. sales/development offices, but also external warehouses, also within the corporate/group)?

Please list any supporting departments at remote locations (including no. of staff).

Name	no of employees	Country / Location	Function (e.g. After-Sales Services, Calibration, Contract-Review, Customer Service, Design, Distribution)

6. Total number of employees at the location (or for corporate scheme audits, total number of employees in the group):

No. of employees (incl. loaned workers) _____ thereof part-time employees: _____
 No. of shifts: _____

thereof employees in

- Research / Development: _____
- Supporting functions (Sales, Purchase, Quality...) _____
- Production: _____

7. Scope of certification:

Please state here the **activities** and **products** in the languages required for the certificates, but at least in **English**, e.g. "Design / Development, Manufacturing and Sales of ..."

8. Description of the products:

9. Customers and specific customer requirements, Customer Claim

	Customer	Supplier Code	DUNS	Customer's Specific Requirements
<input type="checkbox"/>	<i>BMW</i>			
<input type="checkbox"/>	<i>DC Corporation</i>			Special Terms
<input type="checkbox"/>	<i>Fiat Auto</i>			
<input type="checkbox"/>	<i>FORD Motor Company</i>			QS-9000/PPAP
<input type="checkbox"/>	<i>General Motors</i>			QS-9000/PPAP
<input type="checkbox"/>	<i>PSA</i>			
<input type="checkbox"/>	<i>Renault</i>			
<input type="checkbox"/>	<i>VOLKSWAGEN</i>			FORMEL-Q KONKRET
<input type="checkbox"/>	<i>DC (Mercedes Group)</i>			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Does any Customer Claim of OEMs exist?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Please mark the kind of status	<input type="checkbox"/> Ford: Q1-Revocation	
<input type="checkbox"/> DC Corporation: Needs Improvement	<input type="checkbox"/> VW	
<input type="checkbox"/> General Motors: New Business Hold	<input type="checkbox"/> General Motors: CSL-II	
<input type="checkbox"/> General Motors: CSL-I	<input type="checkbox"/> DC (Mercedes Group)	
<input type="checkbox"/> Fiat	<input type="checkbox"/> BMW	
<input type="checkbox"/> PSA	<input type="checkbox"/> Renault:	

10. Management system certificates already held:

Certificate Number	Standard	Certification Body	Valid until

11. Additional questions in case of initial certification

Was each site already subject to process related internal audits (ISO/TS 16949), conducted by ISO/TS 16949 qualified internal auditors? If yes – when?	
If "no" – on which dates are the internal ISO/TS 16949 audits scheduled? (dates shall be prior to the Stage I Audit)	
Does a 12-months production exist for the product(s) named in the scope?	
If no, when will the requirement be fulfilled?	

12. Consulting services:

Did you receive any consultation services, including in-house training over the last 2 years for setting up and developing the QM-system?

Yes, by whom? _____

No

We herewith confirm that the details stated above and in any attached Annexes are complete and correct:

Place/date

Name, Function

Signature*)

*) Sender address is accepted for submission by E-Mail

Annex to the questionnaire

(Please copy and fill in this page for additional sites)



Detailed information of individual sites

Page 1 of 2

Site- N°. / Name

1. General Information

Site

Address:

Zip code, town:

Country:

Contact partner:

Function:

Phone:

Mobil Phone:

Fax :

E-Mail:

2. Total number of employees at the site

No. of employees

(incl. loaned workers)

thereof part-time
employees:

No. of shifts:

thereof employees in

• Research/development:

• Supporting functions (Sales,
Purchase, Quality...)

• Production:

3. Scope of certification:

Here please state the **activities** and **products** in the languages required for the certificates, but at least in **English**, e.g. "Design / Development, Manufacturing and Sales of ..."

Annex to the questionnaire

(Please copy and fill in this page for additional sites)



Detailed information of individual sites

page 2 of 2

Site- N° / Name

4. Which remote functions support the site (e.g. sales/development offices...but also Warehouses etc)?

Please list any supporting department (including staff) .

Name	Relevant no of Employees	Country / Location	Function (e.g. After-Sales, Calibration, Contract-Review Customer Service, Design, Distribution)

5. Management system certificates already held:

Certificate Number	Standard	Certification Body	Valid until

6. Customers and specific customer requirements relevant for the site

	Customer	Supplier Code	DUNS	Customer's Specific Requirements
<input type="checkbox"/>	BMW			
<input type="checkbox"/>	DC Corporation			Special Terms
<input type="checkbox"/>	Fiat Auto			
<input type="checkbox"/>	FORD Motor Company			QS-9000/PPAP
<input type="checkbox"/>	General Motors			QS-9000/PPAP
<input type="checkbox"/>	PSA			
<input type="checkbox"/>	Renault			
<input type="checkbox"/>	VOLKSWAGEN			FORMEL-Q KONKRET
<input type="checkbox"/>	DC (Mercedes Group)			
<input type="checkbox"/>				

Annex to the questionnaire

(Please copy and fill in this page for additional sites)



Detailed information of individual sites

page 2 of 2

Site- N° / Name

Does any Customer Claim of OEMs exist?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Please mark the kind of status	<input type="checkbox"/> Ford: Q1-Revocation	
<input type="checkbox"/> DC Corporation: Needs Improvement	<input type="checkbox"/> VW	
<input type="checkbox"/> General Motors: New Business Hold	<input type="checkbox"/> General Motors: CSL-II	
<input type="checkbox"/> General Motors: CSL-I	<input type="checkbox"/> DC (Mercedes Group)	
<input type="checkbox"/> Fiat	<input type="checkbox"/> BMW	
<input type="checkbox"/> PSA	<input type="checkbox"/> Renault:	