



# Application /Request for Quotation

Please complete this questionnaire and forward it to ACM Limited who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.

Company Name							
Address							
City							
Post Code				Country			
Tel Number				Contact Name			
Fax Number				Position			
Web Site				E-mail			
Standard(s) to be assessed				9001 exclusions			
Scope: Please describe what activities your organisation carries out.							
Please list any additional sites to be included in the scope of registration							
Please list the number of employees in each area/ site (use additional page if required)		Full Time	Part Time	Shifts	Full Time (Site 2)	Part Time (Site 2)	Shifts (Site 2)
Manufacturing/Service area							
Quality Control/Technical							
Administration							
Storage/Warehouse							
Other							
Management							
Total Employees (Full time equivalent)							
Approx number of sub contractors used on average if applicable.				Describe the type of work subcontracted if applicable.			
Approximately, what % of you total work is subcontracted out?				Approximately, what % of work is carried out at clients' sites?			
Do you currently hold any other third party registrations?							
When will you be ready for stage one review?				Date			
How did you hear of ACM Limited?							
Were you assisted by a consultant in developing your Management System?		Name					
		Website					
For ISO 14001 and OHSAS 18001 please also supply a list of applicable regulations, environmental aspects, and list of any permits, licences or consents.							
Signature				Date			
Please return this form to ACM Limited, The Business Centre, Edward Street, Redditch, Worcestershire, B97 6HA Fax: +44 (0) 1527 66946 or you can save the document and email it to <a href="mailto:info@acmcert.com">info@acmcert.com</a> .							