## **Request for Service**



004 Authority: CQAL Process Manager Effective: 06/20/2022

| Company Information:   |                                | Date:  |                                       |        |  |  |  |  |
|--|--------------------------------|--|---------------------------------------|--------|--|--|--|--|
| Company:   |                                |  |                                       |        |  |  |  |  |
| Contact Person:  |                                |  |                                       | Title: |  |  |  |  |
| Address:   |                                |  |                                       |        |  |  |  |  |
| Are there Additional Sites to be included in this certification? |                                |  | Yes □ No □ (If Yes, add on next page) |        |  |  |  |  |
| Phone:   |                                | Fax:   |                                       |        |  |  |  |  |
| E-mail:  |                                | Web:   |                                       |        |  |  |  |  |
| # Employees:   |                                | # of Shifts:   |                                       |        |  |  |  |  |
| Additional Contacts:   |                                |  |                                       |        |  |  |  |  |
|  |                                |  |                                       |        |  |  |  |  |
| Services to be pr  | ovided (check all that apply): | T .  |                                       |        |  |  |  |  |
| Quality Management System: ISO 9001 □                            |                                | Information Technology Service Management: ISO 20000 □ |                                       |        |  |  |  |  |
| Information Security Management System ISO 27001 □               |                                | CMMI for Development □                                 |                                       |        |  |  |  |  |
| CMMI for Services □  | ]                              |  |                                       |        |  |  |  |  |
| Certification Required under which Accreditation Body            |                                |  |                                       |        |  |  |  |  |
| ANAB □   |                                | ACCAB □  |                                       |        |  |  |  |  |
| Scope of the Audit:  |                                |  |                                       |        |  |  |  |  |
| Activities to be registered                                      |                                |  |                                       |        |  |  |  |  |
| IAF and NACE Code (if known)                                     |                                |  |                                       |        |  |  |  |  |
| Exclusions from Registration:                                    |                                |  |                                       |        |  |  |  |  |
| Industries   |                                |  |                                       |        |  |  |  |  |

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| Additional Information:                           |                       |                       |            |        |
|---|-----------------------|-----------------------|------------|--------|
| When do you expect the mar first audit?           |                       | <br>                  |            |        |
| Is your management system please describe.        | integrated with anot  |                       |            |        |
| Are you currently certified by                    | / another body? If ye | es, by who?           |            |        |
| Reason for transfer of certific                   | cation?               |                       |            |        |
| Is your existing certificate val                  |                       |                       |            |        |
| Which standard are you curre                      | ently certified to?   |                       |            |        |
| Are you currently on an annu surveillance scheme? | ıal, nine-month or se | emi-annual            |            |        |
| When was the date of your la                      | ast onsite assessmer  | nt?                   |            |        |
| Can you please supply a copy Request?             | of any current certi  | ifications with this  |            |        |
| Is your organization working name?                | with a consultant? If | f so, what is his/her |            |        |
| Are there any outsource outsourced processes      | d processes? Ple      | ease list out the     |            |        |
| How did you hear about CQA                        | L? Please be as spe   | cific as possible.    |            |        |
| Additional Sites:                                 |                       |                       |            |        |
|   | Site 2                | Site 3                | <br>Site 4 | Site 5 |
| Name Of Site:                                     |                       |                       |            |        |
| Distance From HQ:                                 |                       |                       |            |        |
| Number of Employees:                              |                       |                       |            |        |
| Physical Address:                                 |                       |                       |            |        |
| Phone Number:                                     |                       |                       |            |        |

Fax Number:

Site Contact Name:

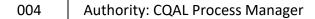
Will this be a Corporate Certificate?  $\square$  Yes  $\square$  No

Would you like a separate Certificate printed for each location?  $\square$  Yes  $\square$  No

004

**Key Customers:** 

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## **CQAL Office only (Service Request Review)**

| File #:                     | Scope Determined: | YES                       | IAF Code: | NAC                          | E Code:  |  |
|-----------------------------|-------------------|---------------------------|-----------|------------------------------|----------|--|
| Scope:                      |                   |                           |           |                              |          |  |
| Client Follow-up ☐ Yes ☐No  |                   | Audit Type: Certification |           | Website Reviewed: ☐ Yes ☐ No |          |  |
| Additional Information:     |                   |                           |           |                              |          |  |
| Request approved: ☐ Yes ☐No |                   |                           |           |                              |          |  |
| Reviewed by:                |                   |                           |           |                              |          |  |
| Lead Auditor assigned:      |                   |                           |           |                              |          |  |
| Initial Audit Schedule:     | □ Yes □ No        | Date:                     |           |                              |          |  |
| Transfer? ☐ Yes ☐ No        |                   | Cert Received? ☐ Ye       | s 🗆 No    | Prev. Report Received? □     | Yes □ No |  |

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