# 

**Request for Service**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 provided (check all that apply):** | |
| Quality Management System: ISO 9001 | Information Technology Service Management:  ISO 20000 |
| Information Technology Service Management:  ISO 20000 | CMMI Software Development |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Scope of the Audit:** | |
|  | |
| Activities to be registered |  |
| IAF and NACE Code (if known) |  |
| Exclusions from Registration: |  |
| **Industries Serviced:** |  |
| Key Customers: |  |

|  |  |
| --- | --- |
| **Additional Information:** | |
| When do you expect the management system to be ready for the first audit? |  |
| Is your management system integrated with another system? If yes, please describe. |  |
| Are you currently certified by another body? If yes, by who? |  |
| Reason for transfer of certification? |  |
| Is your existing certificate valid, with no open nonconformities? |  |
| Which standard are you currently certified to? |  |
| Are you currently on an annual, nine-month or semi-annual surveillance scheme? |  |
| When was the date of your last onsite assessment? |  |
| Can you please supply a copy of any current certifications with this Request? |  |
| Is your organization working with a consultant? If so, what is his/her name? |  |
| How did you hear about CQAL? Please be as specific as possible. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Sites:** | | | | |
|  | Site 2 | Site 3 | 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?  Yes  No  Would You Like A Separate Certificate Printed For Each Location?  Yes  No | | | | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File #: | | Scope Determined: YES | | IAF Code: | | NACE 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?  Yes  No Prev. Report Received?  Yes  No | | | |