

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 <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/>	Information Technology Service Management: ISO 20000 <input type="checkbox"/>
Information Security Management System ISO 27001 <input type="checkbox"/>	CMMI for Development <input type="checkbox"/>
CMMI for Services <input type="checkbox"/>	
Certification Required under which Accreditation Body	
ANAB <input type="checkbox"/>	ACCAB <input type="checkbox"/>

Scope of the Audit:

Activities to be registered	
IAF and NACE Code (if known)	
Exclusions from Registration:	
Industries Serviced:	

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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?	
Are there any outsourced processes? Please list out the outsourced processes	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Would you like a separate Certificate printed for each location? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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CQAL Office only (Service Request Review)

File #:	Scope Determined: YES	IAF Code:	NACE Code:
Scope:			
Client Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit Type: Certification	Website Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information:			
Request approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reviewed by:			
Lead Auditor assigned:			
Initial Audit Schedule: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		
Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cert Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prev. Report Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	