

Dear Sirs, in order to allow us to formulate a personalized offer, we ask you to complete this document. Please stamp and sign this document and send it to us by fax or email.

The compilation of this document does not constitute any commitment on your part.

OFFER REQUEST	
Standard	<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> ISO 39001 <input type="checkbox"/> ISO 50001 <input type="checkbox"/> ISO 29990 <input type="checkbox"/> ISO 27001 <input type="checkbox"/> ISO 20000-1 <input type="checkbox"/> ISO 37001 <input type="checkbox"/> Other
Audit type	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer (See the necessary Documents in page 2)

COMPANY DATA	
Fiscal and general data of the organization (registered office)	
Company:	
Address:	Postal code: City: Country:
VAT number:	Fiscal code:
Telephone:	Fax: Mobile:
e-mail:	web:
Name of the contact person and position: e-mail:	

ADDRESS OF OPERATIVE SITES TO BE SUBMITTED TO AUDITS (if different from the registered office)	
Operative site 1
Operative site 2
Operative site 3

PERSONNEL INVOLVED IN CERTIFICATION				
Personnel Distribution	Company personnel		Outsourcing personnel	
	Full-time	Part-time	Full-time	Part-time
Owners and managers				
Workers				
Operators				
Total				
N° working shifts		In the event of multiple shifts, indicate whether the processes carried out are the same	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you speak other languages (beyond English) within your organization for which you need an interpreter to perform the audits? (If yes, indicate which languages are spoken)

SCOPE OF APPLICATION
Specify the type of activity subject to certification.
.....

For each type of activity reported in the scope of certification, indicate the number of employees for each activity:

Activity 1	n° workers
Activity 2	n° workers
Activity 3	n° workers

Indicate any outsourced activities

GENERAL INFORMATION ON THE IMPLEMENTED MANAGEMENT SYSTEM

Has the organization availed itself of external consultancy? if yes indicate:

Consultancy company:

Consultant:

For safety regulations, also indicate other types of consultancy (competent doctor, DVR consultant, external RSPP, etc.)

How long have you implemented a Management System in your organization??

In the case of organization already certified with other standards, the documentation of the Management System is:

Integrated

Divided

Integration in process

Indicate other standards:

Standard:

Standard:

Standard:

Standard:

Standard:

Standard:

MOBILE WORKING SITES

(building sites, activities at third parties, external sites)

Indicate the total number of operating units (open sites, even if suspended, activities with third parties):

CITY	REGION	ACTIVITY	N° ADDETTI	WORK START	WORK FINISH

Notes:

DOCUMENTS NECESSARY FOR THE FORMULATION OF AN ECONOMIC OFFER

- Chamber of Commerce Registration document (copy)

- In the case of a Transfer, send a copy of the certificate and the Initial / Renewal audit report and last audit performed.

The petitioner, as the person in charge of the organization, declares that the data provided are real and truthful.

Name surname:

Position:

Date:

Signature and stamp:

At the same time we inform you that pursuant to REGULATION (EU) 2016/679 of 27 April 2016 "General Regulation on Data Protection", with the acceptance of this, we authorize the processing of data provided to ICDQ, in compliance with the institutional purposes related to activities of the same and provided for by the relevant regulations.