

**Area reserved to ICDQ**

N° offer request:

N° offer:

N° order:

Date:

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.

PART A: COMPANY DATA**A1 The standard you are interested in**Standard: UNI 10854:1999Audit: First certification Renewal Brand change ** In this case it is necessary to send a copy of the certificate that is in force and the report of the last verification

A2: Fiscal and general data of the company (legal headquarters)

Company name (shpk, sha) :

Address: POSTAL CODE: City: Country.:

VAT number: Fiscal code :

Telephone: Fax: Mobile:

e-mail: web:

Area in m2 :

The name of the person to whom we refer and his position in the company:**A3: If the operating center is different from the center, the legal headquarters and if there are other centers of the company for which the certification is required, attach a list of all the centers you want to certify, with addresses, telephone, fax.****A4: PERSONNEL INVOLVED IN CERTIFICATION:****No. of company staff:**

N° of personnel:

whitch Administration n°: workers n°: employes n°: Temporary n°:

Part-time (indicate n° employees and weekly hours of work):

N° workers for outsourcing tasks activities:

PART B: SCOPE OF APPLICATION**B1: Specify the type of activity subject to certification****B2: Has the organization availed itself of external consultancy? if yes indicate :**

Consultancy company :

Consultant :

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PART C: DESCRIPTION OF DEVELOPING ACTIVITY**C1: Summary description of the company process / products (specifying the initial stages)****C2: Process information.**Activities and data processes in subcontracting (outsourcing): YES NO

If yes, who?

Continuous production process : YES NO

Seasonal production process (state time):

Other information that the company considers important:

(links to sectors, other links, critical aspects, critical points, regulations, phase or component exceptions, etc.)

PART D: Certifications and production standards already existing**D1: Does the company have other certifications?** YES NO

If, yes:

Which:	Skadenca :	Certified entity:

The signature person, as head of the company says that the data on reported are real and true.

Request compiled by:

Date:

Function:

Stamp and signature of the company

At the same time, we communicate that by accepting this, we authorize the processing of the data provided to the I.C.D.Q., in accordance with the institutional purposes related to the activity of the same I.C.D.Q.. and foreseen by the relative regulations.