

Kitemark for Survey and Installation of Windows and Doors

Quotation Request & Company Profile



Please complete all sections of this form and send to BSI Product Services, Maylands Avenue, Hemel Hempstead, HP2 4SQ or fax back on 01442 278630.

Name of Organization	
Name of Contact	
Managing Director	
Sales/Marketing Director	
Primary Address to appear on Licence	
Postcode	
Telephone	Fax
Email	
Do you trade under any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please give further details (on a separate sheet if necessary)	
Is your organisation part of a larger organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please give further details (on a separate sheet)	
Have you traded under any other name in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please give further details (on a separate sheet if necessary)	
Details of other address you trade from as Window and Door installers (separate sheet if necessary)	
Legal Status of Company (eg Limited; Sole Trader etc)	
Are you VAT registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES please state VAT registration Number	
Total number of employees in your organisation?	
Number of surveyors employed?	
Total number of installation teams?	



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Location(s) of installation teams and depots:	
Are the installation teams: Self employed Subcontracted Employees	
Average number of installations carried out per month	
Please tick the relevant box(es) <input type="checkbox"/> Do you install in domestic and /or public sector dwellings? <input type="checkbox"/> Do you install in commercial properties?	If you do domestic, public sector and commercial, what is the approximate split? Domestic: % Public Sector: % Commercial: %
Are you an existing BSI client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you familiar with the British Plastics Federation Code of Practice (BPF 362/2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Quality System

Do you have a documented Quality System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how long has it been implemented?	Years	Months
What timeframe do you have for implementing this Kitemark scheme?		

Other

Have you had any certification application refused or existing certification revoked by other certifying bodies?
Do you plan to use this Kitemark scheme to meet your Building Regulations self-certification and job notification requirements?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, how will you do this?
<input type="checkbox"/> Notify Local Building Control _____ <input type="checkbox"/> Other Competent Persons scheme _____



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Name of current insurance provider for insurance backed guarantees and deposit protection insurance:

Insurance membership number:

Where did you hear about this scheme?

Web site

Advertisement

Mailer

Existing Client

Which publication?

Signature _____ Name (please print) _____

Position _____

For (company name) _____

Date _____

