

This questionnaire enables BSI to provide you with the best service to meet your Aviation, Space and Defense (ASD) registration needs while meeting the Accreditation Body and ASD scheme requirements.

Please contact your Sales Representation for any assistance in completion this questionnaire. Technical Experts are also available to discuss or explain any scheme certification requirements.

Form Instructions – To complete this form, tab to move through the fields and type within the boxes.

**Certificate Transfers** – Complete section 1, 4 & 5 only and email current certificate **Extension to Scope & Site Additions** – Complete changes / deltas only

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### **SECTION 1: Central function (HQ) Site Information**

Transfers Only – Please provide the reason for seeking transfer:				
Primary Contact:				
Name:				
Title:				
Phone:				
Email:				
Alternate Contact:				
Name:				
Title:				
Phone:				
Email:				
List any certifications to other standards that the organization currently holds:				
What other areas of your business could benefit from certification:				
benefit from certification.				
What other standards / regulations would you				
like more information on:				



### **SECTION 2: Certificate Site Locations & Scope**

**Proposed / Existing Scope of Certification** (scope statement to be shown on the certificate):

					-	
#	Site Name & Address	<b>Site Contact</b> (Name, Title, Email, Phone)	Site Scope / Activities	Total Site Employees	Shift Times	Language
1						
2						
3						
4						
5						
6						

#### Notes:

- Location 1 is the Central Function per AS/EN 9104-001 and is the controlling location of the QMS
- Total Site Employee count includes all Fulltime, Part-time, and Temporary staff involved with the certificate activities including support processes (Sales, Management, Administration, Human Resources, IT, etc.)



### **SECTION 3: QMS Processes**

Key Processes	Site (as per section 2)					
Provide the primary processes and identify site applicability (e.g. Sales, Design, Purchasing, Manufacturing, etc.)	1	2	3	4	5	6
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Site Activities (select applicability for each location)						
Quality Management System Documentation Control						
Human Resources						
Purchasing						
Customer Related Processes (i.e. order processing)						
Regulatory approvals i.e. EASA pt 145, pt 21 g/j etc						
Access and Impartiality						
Q1. <b>Export Regulations</b> – Are any of the processes operated by your organization on this site subject to International Traffic and Arms Regulations (ITAR), Export Administration Regulations (EAR), or any other export regulations? If yes, please list these and provide any access requirements:						
Q2. <b>Restricted Access</b> – Are there any processes within the organization that cannot be observed by the audit team due to restrictive, security program or confidentiality requirements? If yes, please explain:						
<b>NOTE:</b> These processes / areas may only included in the scope of certification if proven to be similar to other processes that were audited with the same quality management system procedures and controls are invoked.						
Q3. <b>Consultants</b> - Please list any consultants that have been used to develop, implement or operate your system. Include their name/company, explain their role(s) and if it will be any on-going activity.						



### **SECTION 4: Special and Outsourced Processes**

Special Processes	Site (as per section 2)					
Any Process where the resulting output where cannot be verified by subsequent monitoring or measurement. (Example: NDT, Chemical Treatment, Heat Treatment, Welding, Painting, Unconventional Machining, etc.)	1	2	3	4	5	6
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Outsourced Processes List any processes that are outsourced to external providers. The organization is responsible for the conformity of all externally provided processes, products, and services, including from sources defined by the customer.						
1.						
2.						
3.						
4.						
5.						

### **SECTION 5: Declaration by the Organization**

I confirm that I am the authorized representative of my organization and that the above information is correct to be used for the purposes of a quotation
Name:
Position / Title:
Date of Declaration:

BSI thanks you for the interest you have shown and this service opportunity