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| This questionnaire enables BSI to provide you with the best service to meet your automotive registration needs while meeting the BSI and IATF scheme requirements. Please contact your Sales Representative for any assistance in completion of 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. Please do not turn this form into a PDF when finished, as it precludes use by BSI to complete the application process.**Certificate Transfers** – Complete section 1, 2 & 5 only**Extension to Scope & Site Additions** – Complete section 1 and changes only |  |

**SECTION 1: MAIN SITE INFORMATION**

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| **Purpose of the application:** *<Please Select>***Comments**: Click or tap here to enter text. |
| **Company Name:** Click or tap here to enter text.(Legal Registered Name to be listed on the certificate)**Other Name(s):** Click or tap here to enter text.(If Applicable - Division / Trading Name to be listed below the company legal name on the certificate)**Number of Locations to be Certified:** Click or tap here to enter text.**Website:** Click or tap here to enter text. | **Primary Contact****Name:** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:** Click or tap here to enter text.**Alternate Contact****Name:** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:** Click or tap here to enter text. |
|  **Select the Standard(s) for certification:** [ ]  IATF 16949:2016  [ ]  ISO9001:2015  **Select the Standard(s) with previous certification:** [ ]  IATF 16949:2016  [ ]  ISO9001:2015 Have any of the previous certifications been withdrawn or cancelled?  [ ]  Yes \* [ ]  No ***(\*Special Audit Mandatory prior to stage 1 for IATF)*****Existing ISO 9001 cert number** (if applicable)**:** Click or tap here to enter text.**Existing IATF number** (if applicable)**:** Click or tap here to enter text.**Previous IATF number &Site USI Number** (if applicable)**:** Click or tap here to enter text.**Reasons for IATF certificate withdrawal or cancellation (**if applicable)**:** Click or tap here to enter text.**Previous certification body name** (if applicable)**:** Click or tap here to enter text. | **List any certifications to other standards that the organization currently holds:**  Click or tap here to enter text.**What other areas of your business could benefit from certification:** Click or tap here to enter text. **What other standards / regulations would you like more information on:** Click or tap here to enter text. |
| **Select the Certification Structure:** *<Please Select>**Note: An application for single site with extended manufacturing must be submitted and approved before this option can be selected*  |
| **Proposed / Existing Scope of Certification** (scope statement to be shown on the certificate):Click or tap here to enter text. |
| **Exclusions** (note: Product design is the only possible exclusion for IATF16949)Click or tap here to enter text. |
| **Transfers Only** – Please provide the reason for seeking transfer: Click or tap here to enter text. |

**SECTION 2: Certificate Site Locations**

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| **#** | **Site Name & Address** | **Site Contact** (Name, Title, Email, Phone) | **Site Scope / Activities** | **Total Site Employees** | **Shift Times** | **Language** | **Site Type** | **If support, which sites does it support** |
| 1 |       |       |       |       |       |       | <Please Select> |       |
| 2 |       |       |       |       |       |       | <Please Select> |       |
| 3 |       |       |       |       |       |       | <Please Select> |       |
| 4 |       |       |       |       |       |       | <Please Select> |       |
| 5 |       |       |       |       |       |       | <Please Select> |       |
| 6 |       |       |       |       |       |       | <Please Select> |       |
| *Notes:** *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.)*

*Enter additional sites manually entering the same information for each site as above (or by unlocking the form controls to add additional locations)* |

 **SECTION 3: Other Information**

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| **Access and Impartiality** |
| Q1. **Restricted Access** – 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: Click or tap here to enter text. |
| Q2. **Consultants** - Please list any consultants that have been used to develop, implement or operate your system. Include thei`r name/company, explain their role(s) and if it will be any on-going activity. **Note\* IATF Scheme Rules prohibit consultant participation/presence at any IATF audit.** Click or tap here to enter text. |

**SECTION 4: Special and Outsourced Processes**

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| **Special Processes**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.) |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| **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. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**SECTION 5: Readiness for Assessment**

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| **Readiness for Assessment** |
| Q1. When is the target date for achieving certification? Click here to enter a date. |
| Q2. Has a complete cycle of internal audits followed by management review been conducted? Click or tap here to enter text. |

**SECTION 6: Declaration by the Organization**

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| I confirm that I am the authorised representative of my organisation and that the above information is correct to be used for the purposes of a quotationName: Click or tap here to enter text. Position / Title: Click or tap here to enter text. Date of Declaration: Click here to enter a date. |

***BSI takes your privacy seriously. If you provide us with any personal data we will process that data in line with our Privacy Notice, which is available on our website at bsigroup.com.***