

## *DQS Management System Registration Program*

### **RP-1AS Preliminary Information**

The information is essential for DQS to understand the organization and determine the resources required for the selected management systems services. Please complete as much detail as possible. If a question does not apply, indicate with "N/A."

#### **1. Contact Information:**

If DQS 's services are required for more than one facility, please complete a separate form for each facility.

1.1	Company name:
1.2	Facility address (please do not include P.O. boxes):
1.3	Facility mailing address (if different from 1.2. above):
1.4	Name of Representative:
1.5	Representative Position:
1.6	Telephone number:
1.7	Fax number:
1.8	Cell or mobile number:
1.9	Email address:

#### **2. Organizational Information**

2.1	Does your company trade under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the company trade name.
2.2	Is your company part of a larger organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	If yes, please give name of holding company.
2.4	<b>Are there people within your organization whose native language is not English</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes: What language(s) :__</b>
2.5	Total number of employees included in the activity for which registration is sought:
2.6	Is your company responsible for product design including subcontracted design? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the Customer(s) who are design responsible: If all customers are design responsible, check yes. <input type="checkbox"/> Yes If yes, provide the total number of employees in the design department:
2.7	What is the operational schedule of the company? Explain if Seasonal. <input type="checkbox"/> A. Continuous (year round) <input type="checkbox"/> B. Seasonal
2.8	Please describe the scope of activity for which registration is sought.
2.9	If distributor/stockist, please give warehouse size (square footage):
2.10	List any processes/ products/services to be included in the scope of registration that are outsourced.

2.11	Are any products you produce that will be under the scope of registration classified or have export controls (ITAR or EAR) requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
2.12	Please list any regulatory requirements applicable to the products/services to be included in the scope of registration:																			
2.13	Please identify key manufacturing/ service processes and key design technologies:																			
2.14	List any processes/products that would not be able to be assessed due to being classified.																			
2.15	How many customers do you have in the Aerospace/Space/Defense industry? Please list your top 5 Aerospace/Space/Defense Customers:																			
2.16	<p>Please provide information regarding business in the following sectors:</p> <table border="1"> <thead> <tr> <th rowspan="2">Business</th> <th>Organization Revenue</th> <th colspan="2">Personnel Numbers</th> <th>Organizational Shift Patterns</th> </tr> <tr> <th>% of Total Revenue</th> <th>F/P/T*</th> <th>% of Total Workforce</th> <th>Number of Employees E/D/L/N**</th> </tr> </thead> <tbody> <tr> <td>Aviation, Space and Defence</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Business	Organization Revenue	Personnel Numbers		Organizational Shift Patterns	% of Total Revenue	F/P/T*	% of Total Workforce	Number of Employees E/D/L/N**	Aviation, Space and Defence					Other				
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Other																				
2.16a	<p>To which standards/specification are you currently certified?</p> <input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO/TS 16949 <input type="checkbox"/> AS9100 <input type="checkbox"/> AS9120 <input type="checkbox"/> AS9110 <input type="checkbox"/> ESD S20.20 <input type="checkbox"/> IEC 61340-5-1 <input type="checkbox"/> ISO 13485 <input type="checkbox"/> TL 9000 Other																			
2.16b	<p>To which standards/specification are you seeking registration?</p> <input type="checkbox"/> ISO 9001 <input type="checkbox"/> AS9100 <input type="checkbox"/> AS9120 <input type="checkbox"/> AS9110 Other																			
2.17	Are you using a consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.																			
2.18	What is your target date for registration?																			
2.19	What is your target date for a Preliminary Evaluation if desired?																			
2.20	Is your quality manual completed?																			
2.21	Please list any current Approvals and/or Trade Association Membership.																			

### 3. Structural Information

3.1	<p>Does your company consist of multiple locations that contributing to the overall registration?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list the address of each building, the activities performed there, and the total headcount (including temporary employees).</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Address</th> <th rowspan="2" style="width: 25%;">Activities</th> <th colspan="5">Check if process is performed at this address</th> <th rowspan="2" style="width: 10%;">Total Head count</th> <th rowspan="2" style="width: 10%;">No. of Shifts</th> </tr> <tr> <th style="width: 8%;">Design</th> <th style="width: 8%;">Human Resources</th> <th style="width: 8%;">Purchasing</th> <th style="width: 8%;">Document Control</th> <th style="width: 8%;">Customer Related (Contract review /order processing)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td><input 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3.2	<p>Is there a central function which oversees the other locations? This would include the review of data for all locations, management review over all locations, internal audits over all locations, ability to require corrective action at all locations, ability to initiate organizational changes as all locations, and a legal/contractual link with each location by the central function. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please identify the location:</p>																																																																																																																										
3.3	<p>How many locations ship to your customers?</p>																																																																																																																										
3.4	<p>Do all of the locations that ship to your customers need to be included on the certificate of registration? (Please ensure you consider your customer's requirements.)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																																																										
3.5	<p>Please identify all product families that are to be under the scope of registration.          If there are more than 1, are they produced the same way? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																																																										
3.6	<p>Please attach a diagram of your value stream showing all product families, locations, and processes.</p>																																																																																																																										

#### 4. Additional Information

4.1	Please provide any additional information that you feel may be helpful as we prepare and conduct the auditing activities you have requested.
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Date:
Name:
Position :

For DQS use only:

Determined and agreed upon structure:
Single Site <input type="checkbox"/> Multiple Site <input type="checkbox"/> Campus <input type="checkbox"/> Several Sites <input type="checkbox"/> Complex Organization <input type="checkbox"/>

Client Representative:	DQS Representative:
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