



DQS Management System Registration Program
RP-1 Preliminary Information

SECTION 1: Name and Location of the Facility

1.1 COMPANY NAME:

1.2 FACILITY ADDRESS (exclude P.O. Boxes): 1.3 MAILING ADDRESS (if differ from 1.2):

<input type="text"/>	<input type="text"/>
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1.4 NAME OF REPRESENTATIVE:

1.5 REPRESENTATIVE POSITION:

1.6 MAIN NUMBER:

1.7 CELL NUMBER:

1.8 EMAIL ADDRESS:

SECTION 2: Company Information

2.1 Does your company trade under any other name? Yes No

**If Yes list company name here (clear this text at entry)

2.2 Is your company part of a larger organization? Yes No

**If Yes give name of holding company (clear this text at entry)

2.3 Does your company consist of remote locations that support the main site and is contributing to the overall registration? Yes No

**If Yes please list locations, functions and number of employees for each (clear this text at entry)

2.4 Does your company consist of multiple sites that perform manufacturing, distribution or services? Yes No

If Yes, please complete a separate form for each location

SECTION 3: Facility Information

3.1 Total Number of Employees At This Facility:

3.2 Total Number of Employees In Administration:

3.3 Is your company responsible for product design including subcontracted design? Yes No

If yes, provide the total number of employees in the design function

3.4 Total number of employees in the production/service department:

3.5 Please list how many shifts and employee headcount for each shift, including temporary employees:

1st Shift:

2nd Shift:

3rd Shift:

Other, Explain:

3.6 What is the operational schedule of the facility? Explain if seasonal. Year Round Seasonal

3.7 Please describe the scope of activity at your facility by identifying key manufacturing/service process and key design technologies for which registration is sought.

3.8 If you are a distributor or maintain a stock warehouse, please provide the warehouse size (square footage):

3.9 List any processes/ products/services to be included in the scope of registration that are outsourced.

3.10 Please list any regulatory requirements applicable to the products/services included in the scope of registration.

3.11(a) Are you currently certified to any standard? Yes No

If yes, to which standards/specification are you currently certified?

ISO 9001 TS 16949 TL 9000 AS 9100 AS 9120 ESD S20:20 IRIS ISO 14001
IEC 61340-S-1 ISO/IEC27001 Other

3.11(b) To which standards/specification are you seeking registration?

ISO 9001 TS 16949 TL 9000 AS 9100 AS 9120 ESD S20:20 IRIS ISO 14001
IEC 61340-S-1 ISO/IEC27001 Other

3.12(a) For TS16949/Automotive registration, please list your primary Automotive Customers (if applicable) and the corresponding supplier codes:

3.12(b) For Aerospace registration, please list your primary Aerospace/Space/Defense Customers (if applicable) and the corresponding supplier codes:

3.13 Are you using a consultant? Yes No

****If Yes please list (clear this text at entry)**

3.14 (a) What is your target date for a Preliminary Evaluation if desired?

3.14 (b) What is your target date for Readiness Review (Stage 1)?

3.14 (c) What is your target date for Registration (Stage 2)?

3.15 Do you have a quality manual? Yes No ***If yes, is your quality manual completed?*** Yes No

3.16 Please list any current Approvals and/or Trade Association Membership.

Not applicable?

SECTION 4: Information for the Certificate of Registration

4.1 Please indicate which Accreditation Body (AB) marks you would like on the certificate:

- ANAB X** *Standard DQS Certificates only issued where DQS is not accredited* *JAB (ISO-9001 Only)* *IATF (ISO/TS 16949 Only)*
ESDA (Required for ESD programs) *IEC 61340-S-1 or ISO/IEC 27001*

SECTION 5: Additional Information

5.1 Please provide any additional information that you feel may be helpful as we prepare and conduct the auditing activities you have requested.