

## Request for Offer

### Company data

Business name:	
Registered Office:	
Operational headquarters:	
Fiscal Code No.:	Vat Reg. No.:
Phone:	Fax:
Website:	
E-mail:	Pec:
Billing code:	
Legal representative:	Company contact:

### Type of service requested

<input type="checkbox"/> Certification	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Extension
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### Annual turnover for the preceding three years

Year:	€:
Year:	€:
Year:	€:

### Organization staff (operational staff on all offices and temporary sites involved in the activity of the certification purpose)

Number of full-time employees working for the Required Certification Purpose ( headquarters and external sites)
Number of part-time employees working for the Required Certification Purpose (Total employees and hours worked per month):
Number of work shifts::
No. of full-time employees working who operate as Sub-suppliers, Freelancers, external personnel, for the required certification purpose:

LIST OF THE ACTIVITIES AND PROCESSES ENTRUSTED OUTSIDE THE COMPANY:  
(activities related directly or indirectly to what is present on the scope of certification; activities that influence the conformity of the requirements of the QMS.)

### Data for certification

Activity for which certification is requested	
Reference legislation	<input type="checkbox"/> ISO 9001:2015
Exclusion points:	

**Did the requesting company make use of the assistance of a consultant for the preparation of the quality management system?**

YES - Indicate the name and surname of the consultant and related consulting company

NO - We have independently created the Quality Management System

**For the transition from another certification body, to receive the offer it is necessary to attach the following documents to this application:**

- Copy of the Certificate of Conformity to ISO 9001 in a valid state
- Copy of certification or renewal reports, subsequent surveillance reports and related open / closed findings / non-conformities
- Declaration that there are no legal proceedings in progress or final convictions for liability for defective product
- Declaration that the validity of the certificate of the previous Certification Body is not subject to the performance of extraordinary checks
- Any complaints and related corrective actions taken
- Reason for the change of Certification Body

**The sending of this document constitutes EXCLUSIVELY REQUEST FOR QUOTATION for the conditions of the service.**

The undersigned \_\_\_\_\_, as LEGAL REPRESENTATIVE of the Company / Society \_\_\_\_\_, aware of the responsibility and penalties established by law for false attestations and that false declarations, falsity in documents and the use of false documents, as well as entailing the forfeiture of any benefits obtained from the provision issued on the basis of the untruthful declaration (art. 75 DPR 445/2000), constitute a crime punishable under the Criminal Code and the special laws on the subject (art.76 DPR 445/2000), under his responsibility he declares that the facts, conditions and qualities reported in this document are true .

Date: \_\_\_\_\_

The legal representative: \_\_\_\_\_

**Consent manifestation pursuant to the GDPR regulation**

Any refusal to provide personal data may make it impossible to continue the relationship.

The undersigned \_\_\_\_\_ as LEGAL REPRESENTATIVE of the Company / Firm \_\_\_\_\_, following having read the information referred to in the GDPR Regulation, you consent to the processing of sensitive data in accordance with the above.

Date: \_\_\_\_\_

The legal representative: \_\_\_\_\_

SEND THIS COMPLETED FORM AND THE UPDATED CHAMBER OF COMMERCE REGISTRATION TO THE ADDRESS [info@ats-group.org](mailto:info@ats-group.org)