



APPLICATION FOR ISO 9001 CERTIFICATION SERVICES

Please take a moment and complete the table below to the best of your ability. Contact your representative at **American Center for Sustainable Certifications (ACSC)** if you have any questions. The more information you can provide on this application, the more likely ACSC will be able to accurately quote your certification services. All quotations are subject to revision upon initial site visit, where, if it is determined the information provided to ACSC on this application was inaccurate or unclear, the quote may be revised.

At a minimum, items with an “*” must be answered to receive a quote.

1.	ORGANIZATION CONTACT INFORMATION				
a)*	Organization Legal Name: _____				
b)*	Main Address: _____				
	Street	City/State/ Province	Postal/ Zip Code	Country	
c)	Mailing Address: _____ <i>(If different from Main)</i>				
	Street	City/State/ Province	Postal/ Zip Code	Country	
d)	Billing Address: _____ <i>(If different from Main)</i>				
	Street	City/State/ Province	Postal/ Zip Code	Country	
e)*	Primary Contact Certification Services: _____				
	<i>Mr./Mrs./Ms. Name</i>		Title		
	Phone		Email		
f)	Primary Contact Billing (Accounts Payable): _____				
	<i>Mr./Mrs./Ms. Name</i>		Title		
	Phone		Email		

DATE PRINTED: _____

**2. CERTIFICATION HISTORY**

a) Is this location already certified to any of the following Standards?

<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 45001:2018
<input type="checkbox"/> IATF 16949:2016	<input type="checkbox"/> RCMS	<input type="checkbox"/> OHSAS 18001:2007
<input type="checkbox"/> AS 9100:2016	<input type="checkbox"/> RC 14001	<input type="checkbox"/> ISO 50001:2018

b) If your Facility is already certified to any of the Standards listed in 2.a) above, please indicate the name(s) of the Certification Body (Registrar) you currently use:

c) If your location is currently certified to ISO 9001:2015, how long have you been certified to ISO 9001?

1-3 years 3-6 years >6 years N/A

How many QMS major non-conformities have you been issued in the past 6 years? _____


3. COMPANY INFORMATION

a) Does your organization have any "sister-locations" that perform the same or similar operations? Yes No

If yes, are they certified to ISO 14001:2015? Yes No N/A

b)* **Please complete an ACSC-201.1 Table 1. EMPLOYEE COUNT TABLE for each location you wish to have ACSC provide you a quote.**

c) Are there any "requirements" that would necessitate more than 30-minutes per audit day of non-audit related time at any of the facilities you would like certified by ACSC? Factors can include travel between locations, security entry requirements, site specific health & safety training, etc. Yes No

If "Yes," please explain: 


d)* Was a Management System consultant utilized to implement your system? Yes No

If "Yes," the consultant was: _____
Company Name

e)* Did you use a consultant to perform internal management system audits in the past 2-years? Yes No

If "Yes," the consultant was: _____
Company Name

f)* Do you intend to exempt any portions of the Standard (e.g., 8.3 Design, etc.)? Yes No

If "Yes," please describe and explain: 



Do you intend to exempt any business units or functions within the boundary of the business location from the management system certification? Yes No N/A

If "Yes," please explain:



g) Are there any other tenants/occupants sharing a building(s) at any of the company locations? Yes No

If "Yes," please describe the situation(s):



h) What is the primary (>51% of staff) language spoken on-site? English Spanish French Other

i) Do any of your locations outsource any production related functions (i.e., paint, heat treat, etc.)? Yes No

If "Yes," please describe the outsourced process(es) and how you control them:



j) **Special or Safety Equipment/Considerations:**

Safety Glasses Steel-toe Shoes Hard Hat Reflective Clothing Hearing Protection

Respirator Ankle-high Boots Steel Shank Shoes FRC Gloves

Other _____

Thank you for the opportunity to provide certification services.

Please remember to complete a Table 1. EMPLOYEE COUNT TABLE for each location.