



AEA QUALITY ADVANTAGE CORPORATION

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Client Company Profile

Please supply the following information so we may provide an estimate of work scope and cost for Certification of your company Quality System (Please submit a separate form for each location).

Company
Name _____
Address _____

Contact Name _____ Tel _____
Title _____ Fax _____
E-mail _____

Total number of Personnel: _____ # of Product Lines: _____ # of Production Shifts: _____

Select (☑) the functions performed at this location and indicate number of employees for each:

<input checked="" type="checkbox"/>	Function	# of Employees	<input checked="" type="checkbox"/>	Function	# of Employees
<input type="checkbox"/>	Management	_____	<input type="checkbox"/>	Manufacturing	_____
<input type="checkbox"/>	Sales	_____	<input type="checkbox"/>	Inspection & Testing	_____
<input type="checkbox"/>	Design	_____	<input type="checkbox"/>	Storage	_____
<input type="checkbox"/>	Planning	_____	<input type="checkbox"/>	Shipping	_____
<input type="checkbox"/>	Purchasing	_____	<input type="checkbox"/>	Servicing	_____

Describe Products and Services provided by this location:

Describe the desired Scope of Certification:

Select (☑) the desired Standard(s) for Certification:

ISO 9001:2000 TL 9000 ISO/TS 16949 AS 9000 QS 9000 ISO 13485 EN 46000

Have you implemented a Quality Management System?

Yes No Which standard? _____ When? _____

Will you require a pre-audit of your Quality Management System?

Yes No

When do you anticipate achieving Certification?

(Month / Year) _____

Choose a plan for frequency of surveillance audits (No extensive Re-Certification audit for 6 Monthly plan):

6 Monthly 9 Monthly 12 Monthly

Signature	Printed Name	Title	Date

After you fill out this profile, please e-mail the form to aea@aeaquality.com, fax to +1 845 298 1253 or hand over the forms to your AEA representative.