



# 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).

<b>• Company Name:</b>
<b>• Address:</b>

<b>• Contact Person:</b>	<b>Title:</b>
<b>Tel:</b>	<b>Fax:</b>
<b>E-mail:</b>	

<b>• Total number of Personnel:</b>	<b># of Product Lines:</b>	<b># of Work Shifts:</b>
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<b>• Select <input checked="" type="checkbox"/> the functions performed at this location and indicate number of employees for each:</b>						
<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	

<b>• Describe Products &amp; Services provided by this location and Applicable codes:</b>			
<b>• Was your QMS Prepared by Consultants?</b>		Select <input checked="" type="checkbox"/> : Yes ( ) No ( )	
<b>• List Applicable Regulatory Requirements:</b>			
<b>• List Outsourced Processes:</b>			
<b>Applicable Codes:</b>	<b>EAC:</b>	<b>NACE:</b>	<b>SIC:</b>

<b>• Describe the desired Scope of Certification:</b>

<b>• Select <input checked="" type="checkbox"/> the desired Standard(s) for Certification:</b>							
<input type="checkbox"/> ISO 9001:2008	<input type="checkbox"/> TL 9000	<input type="checkbox"/> ISO/TS 16949	<input type="checkbox"/> AS 9100	<input type="checkbox"/> ISO 13485	<input type="checkbox"/> Other:		

<b>• Have you implemented a Quality Management System? Place a <input checked="" type="checkbox"/> mark.</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which Standard?	When ?		

<b>• Will you require a Pre-audit of your Quality Management System? Place a <input checked="" type="checkbox"/> mark.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>• When do you anticipate achieving Certification?</b>	(Month / Year)
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<b>• Choose a plan for frequency of surveillance audits (No extensive Re-Certification audit for 6 Monthly plan):</b>		
<input type="checkbox"/> 6 Monthly	<input type="checkbox"/> 9 Monthly	<input type="checkbox"/> Annual

<b>Signature</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>

After you fill out this profile, please e-mail the form to [aea@aeaquality.com](mailto:aea@aeaquality.com), or fax to +1-845-298-1253.