



**Request for quotation for company certification for ISO 3834 / EN:15085 / EN:1090 compliance (RFQ)**

<b>1.0 GENERAL INFORMATION</b>										
1.1	Name of the Company or Unit to be assessed									
1.2	Address of the Company or Unit to be assessed									
1.3	Telephone					Fax				
	E- mail									
1.4	Quotation requested for		ISO 3834-2 EN:15085-CL 1	<input type="checkbox"/>	ISO 3834-3 EN:15085-CL 2	<input type="checkbox"/>	ISO 3834-4 EN:15085 CL 3	<input type="checkbox"/>	EN:1090-1 EN:1090-2	<input type="checkbox"/>
<b>2.0 CERTIFICATIONS ISSUED BY OTHER ORGANISATIONS/BODIES</b> (Please tick)										
2.1	<b>Type of Certification</b>		<b>Certifying Body</b>			<b>Date of issue</b>		<b>Date of expiry</b>		
	ISO 9001									
	ISO 3834									
	ISO 14001									
	EN:15085									
	EN:1090									
	Any Other (Please specify):									
<b>3.0 INFORMATION TO SUPPORT APPLICATION FOR ASSESSMENT</b>										
<b>3.1 Information for the IIW Manufacturers Certification Scheme (MCS)-Organisation</b>										
3.1.1	Type of organisation : (public ltd. proprietary, etc)									
3.1.2	General description of the manufacturer's activities :  (Fabrication, export, standard product, etc.)									
3.1.3	General description of the part of the organization involved in the welding related activities.  (Design involvement, standards followed.)									
3.1.4	Details of functions and number of persons engaged.		<b>Functions</b>			<b>No of persons</b>				
						<b>Total</b>	<b>Involved in welding &amp; related activities</b>			



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<b>3.2 Product/Process</b>			
3.2.1	Product(s)manufactured :		
3.2.2	List of product standards and/or other specifications used (Product, welding procedure specification, Inspection, etc.)		
3.2.3	Details of welding processes and parent materials welded:  (e.g., SAW, MMA, etc and Carbon steel, SS, etc, as per ISO 4063, ISO 15608)	<b>Welding processes (ISO 4063)</b>	<b>Parent materials (ISO 15608)</b>
3.2.4	Activities generally subcontracted  (e.g., welding, testing/inspection, heat treatment, etc.)		
3.3	<b>Welding personnel</b>	<b>Nos.</b>	<b>Qualification/standard</b>
3.3.1	welding coordinators		
3.3.1	Welders		
3.3.1	Inspectors		
<b>4.0 FORMAL INTERFACES WITH THE ANBCC (Contact person)</b>			
4.1	Name:		
4.2	Position/designation:		
4.3	Address:		
4.4	Telephone:		Fax
4.4	E-mail:		
<b>5.0</b>	Date:& Place:	Signature:	
	Designation:	Name:	

*Note: If for any of the above items more space is required, please attach separate sheet, with the reference*