

IATF REGISTRATION SURVEY

The purpose of this survey is for your company to obtain a proposal for IATF registration services with PRI. If you are currently registered with another certification body (CB), please do not cancel your current contract until all transfer activities are completed.

Section 1 – Company Information

Company Name:			
Proposal Contact:		Phone:	
E-mail:		Website:	
Address Line 1:			
Address Line 2:			
Address Line 3:			
City: (or equivalent)		State: (or equivalent)	
Postal Code: (or equivalent)		Country:	
Are you a subsidiary/division of another organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(If YES, see questions 1-3 below)
1. Organization name?			
2. Relationship?		3. Is PRI the Registrar?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section 2 – Standard(s) & Proposal Information (assume current version for all standards in section below)

Select the option below that best describes your current IATF / ISO 9001 registration status.			
<input type="checkbox"/>	Not currently registered to either IATF or ISO 9001 (If Selected, skip to Proposal Request Options)		
<input type="checkbox"/>	Registered to ISO 9001 with PRI & want to upgrade to IATF (If Selected, skip to Proposal Request Options)		
<input type="checkbox"/>	Registered to IATF with PRI & would like to register additional site(s)		
<input type="checkbox"/>	Current ISO 9001 certificate with another CB – need to transfer ISO 9001 to PRI & upgrade to IATF		
<input type="checkbox"/>	Currently registered to IATF with another CB & want to transfer to PRI		
Current Registrar: _____			
If registered to IATF, does this include an ISO 9001 Supplemental registration?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please submit the following information with this survey, as applicable:			
<ul style="list-style-type: none"> Current / Previous certificate(s) within the last 3 years – including certificate status All Final Audit Reports / Nonconformity (NC) Records covering the last 3 years of certification Evidence that any NC responses were accepted, and all verification activities were completed as required by the previous CB Any existing / previous letters of conformance from the last 3 years Any failed Stage 1 or Stage 2 Audit Report from the last 6 months from any CB Process Map providing the following <ul style="list-style-type: none"> Overview of processes (including outsourced processes) Support relationships between locations / support received & provided by the locations IATF USI Code for any locations previously IATF 16949 certified that will not be listed in Section 4 			
Date of next scheduled audit activity?		Audit Type:	
NOTE: IATF is only audited on 12-month frequency – Any associated ISO 9001 will also have this frequency.			

<u>PROPOSAL REQUEST OPTIONS</u>	
<input type="checkbox"/>	IATF Design (Product Design responsible – Process Design / design to customer specifications do not apply)
<input type="checkbox"/>	IATF Non-Design (excludes 8.3 Design and Development of products and services)
If Non-Design, provide justification:	
List all automotive industry customers below including any applicable OEM Supplier Codes: (This indicates you can provide evidence of being on an active bid list for a customer requiring IATF certification if needed)	
<input type="checkbox"/>	ISO 9001 Design (Product Design responsible – Process Design / design to customer specifications do not apply)
<input type="checkbox"/>	ISO 9001 Non-Design (excludes 8.3 Design and Development of products and services)
<input type="checkbox"/>	NOT APPLICABLE (No ISO 9001 Certification Required)
If Non-Design, provide justification:	
<input type="checkbox"/>	PED (Pressure Equipment Directive)
<input type="checkbox"/>	NOT APPLICABLE (No PED Certification Required)
ISO 9001 certification is required to be PED certified.	
All selections above (IATF – ISO 9001 – PED) have will have separate certificates for each standard.	

Section 3 – Registration Approach

<u>REGISTRATION APPROACH</u>	
Select the registration approach below that best represents your desired certification structure.	
<input type="checkbox"/>	Single Manufacturing Site – single certificate with any RSLs mentioned on it <ul style="list-style-type: none"> • Shall be a client location with a single physical address where manufacturing occurs. • Shall operate under a single Quality Management System (QMS). • This site may / may not receive any remote support from RSLs and may / may not provide any support to other mfg. sites.
<input type="checkbox"/>	Single Manufacturing Site with Extended Manufacturing Site(s) – single cert list Main & Ext. Mfg site(s) <ul style="list-style-type: none"> • A single mfg. site (aka-Main Mfg. Site) whose manufacturing processes expand into one or more locations (aka-the Extended Mfg. sites) with different addresses managed together as one mfg. site that is part of the same legal entity, operating under a single QMS, controlled together by the Main Mfg. Site's management personnel. • Management personnel may be located at Ext. Mfg. Site(s) if they are responsible for managing at both the Main and Ext. Mfg. Sites and provided there is evidence of this management. • Ext. Mfg. Site(s) can have dedicate front-line management with limited decision making authority for day-to-day operations at that specific Ext. Mfg. Site. • An Extended Mfg. Site shall only receive support from or provide support to the Maing Mfg. Site • An Extended Mfg. Site shall be located within 10 miles (16 kilometers) and no more than a 60 minute driving distance from the Main Mfg. Site. NOTE – this approach requires an R20.27 – Extended Manufacturing Site Application to be submitted.
<input type="checkbox"/>	Corporate Scheme (quoting scheme only) - each value add site is treated as a single site, with an individual certificate per site <ul style="list-style-type: none"> • Shall consist of at least 2 Mfg. Sites (with / without an Ext. Mfg. Site), operating under a common QMS. The common QMS shall meet the following requirements: <ul style="list-style-type: none"> ○ Be established by processes that are centrally defined, structured, and controlled ○ Be monitored with a common set of process measurements ○ Be implanted in substantially the same manner across all mfg. sites & standalone RSLs within the corporate structure being certified to IATF16949 ○ Have localization of the QMS documentation and records only at the level of work instructions / procedures ○ Have a centrally managed internal QMS audit program • Shall have identified central location where the QMS function resides that is responsible for defining, structuring, and controlling the common QMS. This location is not required to be the HQ of the organization.

If Corporate, how is your QMS defined to meet this approach?	
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Section 4 – Sites & Registration Information

- Scope Statements must consider Processes / Products / Services that have influence over the safety & quality of the product.
- Employee Count must include Full-Time, Part-Time, Temp, and Contract employees
- Listing automotive customers below indicates you can provide evidence of being on an active bid list for a customer requiring IATF certification should it be necessary.
- IATF requires additional translation time based on the % of workers speaking a language other than the language the audit is planned to be conducted in. In addition to providing language information, please provide the translation time option from the Translation Options Table at the end of this section that best describes your situation.

<u>SITE(S) TO BE REGISTERED</u>				
Site Name:		<input type="checkbox"/> Main Mfg.	<input type="checkbox"/> Ext. Mfg.	<input type="checkbox"/> RSL
Address Line 1:		Standard(s):		
Address Line 2:		IATF USI Code:		
Address Line 3:		Primary IAF Code:		
City:		Legal Status:		
State:	Postal Code:	Employee Count:		
# of Shifts:	Shift Times:			
Planned Language of Audit:		Translation Option:		
Other Languages on site & % of employees per language:				
Scope Statement as you would like it to appear on the certificate for Mfg. sites:				
List all current automotive customers below including any applicable OEM Supplier Codes:				
Description of Processes / Products / Services (including outsourced) / Remote Support:				
Site Name:		<input type="checkbox"/> Main Mfg.	<input type="checkbox"/> Ext. Mfg.	<input type="checkbox"/> RSL
Address Line 1:		Standard(s):		
Address Line 2:		IATF USI Code:		
Address Line 3:		Primary IAF Code:		
City:		Legal Status:		
State:	Postal Code:	Employee Count:		
# of Shifts:	Shift Times:			
Planned Language of Audit:		Translation Option:		
Other Languages on site & % of employees per language:				
Scope Statement as you would like it to appear on the certificate for Mfg. sites:				
List all current automotive customers below including any applicable OEM Supplier Codes:				
Description of Processes / Products / Services (including outsourced) / Remote Support:				

SITE(S) TO BE REGISTERED				
Site Name:		<input type="checkbox"/> Main Mfg.	<input type="checkbox"/> Ext. Mfg.	<input type="checkbox"/> RSL
Address Line 1:		Standard(s):		
Address Line 2:		IATF USI Code:		
Address Line 3:		Primary IAF Code:		
City:		Legal Status:		
State:		Postal Code:		Employee Count:
# of Shifts:		Shift Times:		
Planned Language of Audit:		Translation Option:		
Other Languages on site & % of employees per language:				
Scope Statement as you would like it to appear on the certificate for Mfg. sites:				
List all current automotive customers below including any applicable OEM Supplier Codes:				
Description of Processes / Products / Services (including outsourced) / Remote Support:				
If you need to add more sites than will fit above, please contact survey_info@sriregistrar.com for additional blank form.				

Translation Options	
1	No audit translation is needed (office or manufacturing).
2	A small portion (1/12) of manufacturing will require translation.
3	Half (50%) of manufacturing requires translation.
4	All (100%) of manufacturing requires translation
5	The entire audit requires translation (100% of both office and manufacturing).

What is your target date for registration:	
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Has there been any significant change to your Organization's structure or context since the previous audit, including change in RSLs and relevant support functions? If YES , please describe below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has there been relocation where some or all of manufacturing or support activities moved to a new location since the previous IATF audit? If YES , please describe below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received any performance complaints via the IATF Complaint Management System (CMS) in the last 12 months? If YES , please describe below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have Operational Performance trends for the previous 12 months, including customer report cards? If YES , please describe below: (submit report cards with this form)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have Internal Audit & Management Review planning and results for the previous 12 months? If YES , please describe below: (submit report cards with this form)	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

Are you ITAR Responsible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES , classified materials / export control requirements related to PRI access must be disclosed below.
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Does your Organization restrict foreign national entry to the site? If YES , please describe the restriction below:	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

Have you used any consultants providing QMS related consultancy in the last 24 months? If YES , please describe below:	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

Section 5 – Additional Information

Does your company belong to any professional industry organizations? If YES , please list below:	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

How did you hear about PRI?	
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What other standards are your certified to?	
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Are you interested in transferring any quoted for any additional standards, including transfer of any of your existing standards to PRI? If YES , please list below:	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

ADDITONAL INFORMATION

Please use the space provided below to provide as needed to provide or request any additional information OR to ask any questions you may have.

(Client Signature)

(Job Title)

(Date)

This Application is to provide PRI with information necessary to create a proposal that correctly addresses your scope of registration. PRI's receipt of this Application does not acknowledge our acceptance and/or approval of any aspect of potential registration.

Please submit this completed application to the PRI via email at: survey_info@sriregistrar.com

Right-click the email address above and select Open Hyperlink to automatically open an email containing address and subject line information.