

Inquiry on a quotation

for a certification according to DIN EN ISO 9001:2015


**SLG Prüf- und
Zertifizierungs GmbH**
INFORMATION ON THE COMPANY

Company:	_____
Street, number:	_____
Postal code, city/town:	_____
Contact person:	_____
Phone:	_____
Fax:	_____
E-mail address:	_____
Branch offices / locations:	_____
Fields of business / commercial register entry:	_____

INFORMATION ON THE COMPANY'S FIELD OF BUSINESS

Product designations, description of products and services:	_____
Desired certification scope:	_____
Number of branch offices / locations (address):	_____
Number of employees:	_____

INFORMATION ON THE QUALITY MANAGEMENT SYSTEM

A QM system has already been implemented:	yes	no	
Initial certification:	yes	no	
Re-certification:	yes	no	Please enclose a copy of the certificate and of the last audit report.

Documentation

- same documents for all locations
different documents for different locations

**Non-relevant requirements of ISO 9001:2015
(e.g. development of products and services)**

Do you use consultancy services regarding your QM system?

- yes external consultant: _____
no

Place, date

submitted by