 **R20.28IATF SRI Registration Survey for**

 **IATF 16949 Automotive**

This survey is to be used to obtain a cost proposal for management system registration services by SRI. Please do not cancel the contract with your current certification body until all the transfer activities are complete.

1. **Company Information**
	1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Address, Street 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City (or equivalent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State (or equivalent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Proposal to be issued to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Same address as above? Yes \_\_\_\_ No \_\_\_\_\_ If No, please provide mailing address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: Web Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Fax: \_

* 1. List the organization’s primary IAF Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Primary language(s) spoken other than English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. [ ]  The entire audit requires translation (office and plant)
		2. [ ]  A small portion (1/12) of manufacturing will require translation
		3. [ ]  Half (50%) of manufacturing requires translation
		4. [ ]  All manufacturing requires translation (no translation in office required)
	3. Total Number of Employees, including full time, part time, temps and contract, at site(s) to be registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Is your company a subsidiary or division of another organization? Yes \_\_\_\_ No \_\_\_\_\_
1. If yes, what organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is SRI the registrar for the related organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Describe your business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Standard/Scheduling**
5. \_\_\_\_ No, we are not currently registered to a management standard.

\_\_\_\_ Yes, we are currently registered to the following standard (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) and would like to consider transferring to SRI. Our current registrar is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. When is the next scheduled audit activity with your current registrar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What type of audit is it (surveillance, renewal, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. What is the surveillance interval (frequency/timing) with your current registrar? [ ]  6 months, [ ]  9 months, or [ ]  12 months
	4. Please provide a copy of your current certificate with this completed survey.
	5. For IATF transfers, section F must also be completed.

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| IATF 16949:2016 [ ]  Design\* [ ] No Design excludes 8.3 Design and Development of products and services (SRI’s R20.102 IATF 16949 Registration Readiness Review will be forwarded.) |
| Provide your link to the automotive chain. Who do you supply in the automotive industry (please identify your IATF OEM Supplier Codes, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If applicable, please justify why you are NOT Design responsible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  ISO 9001 (separate certificate) [ ]  Design\* [ ]  No Design [ ]  PED\*\* (Pressure Equipment Directive) |
| \* Note: Design to customer specification is not applicable for purposes of this questionnaire.\*\* PED requires the RvA accreditation mark (C.#6 below) on your ISO 9001 certificate. Visit the SRI website for additional information.  |

1. We recommend a Pre-Assessment Audit by SRI. Do your plans include one? Yes \_\_\_\_ No \_\_\_\_\_
2. If yes, how many Pre-Assessment mandays do you want (max. 2)? \_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_
3. Have you had a pre-assessment performed by another body? Yes \_\_\_\_ No \_\_\_\_\_ If yes, how many pre-assessments have been conducted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Registration Approach** - \*IATF Rules require that a separate certificate be issued for single site and corporate structures.
5. Which of the following audit approaches would you like proposed?

 “**Site Approach**” (A single site plus any remote support locations - a stand alone site operating and addressing all requirements of the standard. One certificate is issued and the support location is referenced on it.)

 “**Corporate\***” (Corporate is the quoting scheme only). Each value-added site under the corporate scheme is treated as an individual site. One certificate per site in a corporate scheme is issued. Remote support locations will be indicated on the certificates as needed.)

 “**Progressive\***” (Progressive is a form of Corporate, and is a quoting scheme only). Each value-added site is audited separately, but progressively added to the corporate scheme for quoting. One certificate per site is issued in this scheme. Remote support locations will be indicated on the certificates as needed.)

 “**Single Manufacturing Site with Extended Manufacturing Site(s)**” A single manufacturing site expanded into one or more additional manufacturing sites with different addresses. SRI Rform R20.27 submitted with this application Yes \_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Please complete the following table identifying the site(s) to be registered. Please specify the Standard and the products and/or services to be registered at each site (add attachments if additional space is needed) **Note**: If the site has different addresses for buildings (located on property), indicate such below:

|  | **Location and Organization (Sites) including addresses for all buildings, etc.** | **No. of Employees** (incl. full time, part time, temps, & contract) | **Products and/or Services** | **Standard** | **No. of Shifts** | **Shift Time(s)** |
| --- | --- | --- | --- | --- | --- | --- |
| Site/Head-quarters: | Street 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:  |  |  |  |  |  |
| Additional Site: | Street 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:  |  |  |  |  |  |
| Additional Site: | Street 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:  |  |  |  |  |  |

1. Are there any exclusions from the scope of certification (i.e., location, product, service)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If Corporate, are your level 1 & 2 manuals (documentation) the same for all sites? Yes \_\_\_\_ No \_\_\_\_\_
3. Do you have a “**Remote**” support site where contract review, design, and/or purchasing etc. are located? Yes \_\_\_\_ No \_\_\_\_\_ If yes, indicate address and processes performed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Desired “scope of registration” as it is to appear on the certificate of registration. You must consider the product and/or services in the scope when those processes, products, or services have an influence on the safety and quality of the product.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the event that you register to IATF 16949 and/or want a PED certificate, an ISO 9001 supplemental certificate may be requested (required for PED\*\*). Do you require a supplemental certificate?

Yes \_\_\_\_ No \_\_\_\_\_ If yes, which accreditation mark(s) do you choose (ANAB, RvA or both)? \_\_\_\_\_\_\_

1. Do you have operational performance trends for the previous 12 months including customer report cards (consider PPM’s, delivery, cost of mgmt, objectives, capacity, productivity, efficiencies, etc.)? Yes \_\_\_\_ No \_\_\_\_\_
2. Do you have internal audit (IAs) and management review (MR) planning and results from the previous 12 months prior to initial registration? [One full cycle of IAs (QMS, Manufacturing and Product) in the process approach to IATF followed by a MR to IATF must be completed prior to the audit.] Yes \_\_\_\_ No \_\_\_\_\_
3. What is your target date for registration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you ITAR responsible? Yes \_\_\_\_ No \_\_\_\_\_ Classified material or export control requirements related to SRI access, must be disclosed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. SRI auditors may not be U.S. citizens. Does your organization restrict foreign national entry to its site(s)? Yes \_\_\_\_ No \_\_\_\_\_ Please describe these restrictions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Other Management Systems**
7. Are you certified to other Management System Standards, e.g., ISO 9001, AS9100, ISO/IEC 27001?

Yes \_\_\_\_ No \_\_\_\_\_ If yes, which Standard(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If not, would you like to discuss other certifications with SRI? Yes \_\_\_\_ No \_\_\_\_\_

1. Have you developed an integrated system*?* Yes \_\_\_\_ No \_\_\_\_

If yes, which Standards are integrated (complete lines 3 to 8 of this section D)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the manual include/meet all cited Standards? Yes \_\_\_\_ No \_\_\_\_\_
2. Do internal audits address requirements of all standards/conducted in a combined effort? Yes \_\_\_ No \_\_\_
3. Do management reviews address required inputs & outputs from all Standards? Yes \_\_\_\_ No \_\_\_\_\_
4. Are the required procedures common to all Standards? (doc & record control, training) Yes \_\_\_\_ No \_\_\_\_
5. Is the corrective and preventive action system common to all cited Standards? Yes \_\_\_\_ No \_\_\_\_\_
6. Is the Management Rep the same for all Standards? Yes \_\_\_\_ No \_\_\_\_\_

If the answer to all the above is yes, your system is integrated, and SRI will quote accordingly. Depending on the systems that are integrated, other information may be required. SRI will advise.

1. **For Our Information**
2. Does your company belong to any professional industry organization(s)? Yes \_\_\_\_ No \_\_\_\_\_
	1. If yes, what association(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How did you hear about SRI? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Indicate any processes outsourced. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Indicate the name of your Consultant. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Indicate any relevant legal obligations. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Were you previously certified to IATF 16949 (or ISO/TS 16949)? Yes \_\_\_\_ No \_\_\_\_\_
	1. If yes, please provide the name of the previous certification body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. IATF Unique Site Identifier Code (IATF USI) is a six-digit, alphanumeric code, per IATF Stakeholder Communique (SC-2022-009) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. If available, a copy of the expired certificate (attach separately) or the date of certificate withdrawal or cancellation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. IATF Transfer Requirements
	* 1. Are you transferring the Automotive Scheme Certificate (IATF 16949)? Yes \_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:
9. Name of the previous certification body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Audit reports from the previous three-year audit cycle including remote support functions/sites (attach separately)
11. Evidence that all nonconformities from each audit (three-year audit cycle) including remote support functions/sites are closed (attach separately)
12. IATF Unique Site Identifier Code (IATF USI) is a six-digit, alphanumeric code, per IATF Stakeholder Communique (SC-2022-009) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Status of your certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This survey is provided to assist SRI Quality System Registrar in defining the scope of registration and preparing a cost proposal. The receipt of this survey by SRI does not acknowledge our acceptance and/or approval of any aspect of possible registration.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Respondent’s Signature  |  | Title |  | Date |

*Thank you for completing this survey for a cost proposal. Please return to SRI via e-mail.*

**SRI Quality System Registrar, A PRI Company**

**161 Thorn Hill Road ● Warrendale, PA 15086**

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