



Your Quality Partner

Application for Registration or Request for Quote (circle one)

Section 1 – Contact Information		
1. Company Name: _____		
2. Primary Address: _____		
3. City/State/Zip: _____		
4. Country: _____		
5. Contact Name: _____		6. Title _____
7. Phone: _____	8. Fax: _____	
9. Email Address: _____		
Section 2 – Company Profile		
1. # of Employees: _____	2. # of Shifts: _____	3. Design: Yes _____ No _____
4. Scope _____		

5. Human and Technical Resources: _____		

6. Functions: _____		

7. Relationships and Relevant Legal Obligations: _____		

8. Processes and Operations: _____		

Section 3 – Company Codes		
1. IAF Code (s) _____	2. NACE Code(s) _____	3. SIC Code(s) _____
Section 4 – Additional Sites (Use Page 2 If necessary for Additional Sites)		
1. Address: _____		
2. City/State/Zip: _____		
3. # of Employees: _____	4. # of Shifts: _____	5. Design: Yes _____ No _____
6. Scope: _____		

7. IAF Code(s) _____	8. NACE Code(s): _____	9. SIC Code(s) _____
Section 5 – Other Critical Information		
1. Do you Outsource any Processes? If So Please describe: _____		

2. Do you use a consultant related to QMS? If so Who? _____		
3. Do you have any current registrations? (If yes, please complete section 6) _____		
4. What are you seeking certification to? _____		
5. Will your audits at any time require a translator? _____		6. How many? _____
7. Which Languages? _____		
8. ANAB is the Accreditation body for DLS Quality Management, Inc. Once a year, ANAB requires at least one DLS Quality Management, Inc. staff member to be witnessed by a staff member of ANAB. Are you willing to allow ANAB to follow our auditors at any of your facilities? _____		
*Please note that the ANAB staff are not allowed to interfere with the audits and are there strictly to audit our staff		

Section 6 – Transfer Clients

1. What registrations are you currently certified to?: _____
2. Who are you currently certified through?: _____
3. When was your last audit conducted?: _____
4. What was your last audit?: _____
5. When was your last certification/recertification audit?: _____
6. When does your current certificate expire? _____
7. Upon finalizing the application, please also provide a copy of all past audits in your current cycle. (Documents may include but are not limited to Document Review packets, Stage 1 audit packet, Stage 2/Certification audit packet, Recertification audit packet, and any surveillance audit packets completed)

Section 7 - Application Notes and Statements:

1. Please provide a controlled copy of your Quality Manual and Quality System Documentation, including, but not limited to technological/regulatory content and the results of prior audits (if applicable) along with your application for registration.

This signed application including the provision sated in the “DLS Quality Management, Inc. Agreement” (attachment C) constitutes a binding contract with DLS, further more the applicant agrees to comply with the requirements for certification.

Information contained in the register is made public and requires your consent prior to publication. Please circle each item that you do NOT authorize to publish. All other items will be included.

Section 8 – CB Contact Information & Mailing Address

DLS Quality Management, Inc.

100 Main Street,

Camillus, NY 13031

Phone: 315.672.3598 Fax: 315.672.3596 Email: info@dlsquality.com Website: www.dlsqual.com

Please Send Completed Application to one of the locations listed in Section 8.

Section 9 – Application Finalization

Signature: _____

Title: _____ Date: _____

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