



# Application /Request for Quotation

Please complete this questionnaire and forward it to ACM Limited who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.

Company Name								
Address								
City								
Post Code								
Tel Number			Contact Name					
Fax Number			Position					
Website			E-mail					
Standard(s) to be assessed								
Scope: Please describe what activities your organisation carries out:								
Please list any additional sites to be included in the scope of registration								
Please list the number of employees in each area/site (use additional page if required)			Full Time	Part Time	Shifts	Full Time (Site 2)	Part Time (Site 2)	Shifts (Site 2)
Manufacturing/Service area								
Quality Control/Technical								
Administration								
Storage/Warehouse								
Other								
Management								
Total Employees (Full time equivalent)								
Approx number of sub contractors used if applicable			Describe the type of work subcontracted					
Do you currently hold any other third party registrations?								
Number of HACCP Plans			Number of product categories packed					
When will you be ready for stage one review?					Date			
How did you hear of ACM Limited?								
Were you assisted by a consultant in developing your Management System?				Name				
				Website				
Do you carry out 'in house' laboratory testing or research?								
Signature			Date					
Please return this form to ACM Limited, 4 Navigation Court, Harris Business Park, Hanbury Road, Stoke Prior, Bromsgrove, United Kingdom, B60 4FD. - Fax +44 (0) 1527 833483 E-mail info@acmcert.com								