

Client Information TS C



To be send back by E-Mail: certification@g tue.de or Fax: +49 711 97676-759

The present document furnishes information in order to evaluate the necessary effort and procedure for the required process. The given information shall be treated confidentially. The indications are considered part of the contract and will be used for the offer calculation. For further questions or information please do not hesitate to contact us.

1. Name and address of the company	
Company name:	
Legal form:	
Street and house no:	
Postal code and town:	
Country:	
Managing Director (first name and surname)	
Phone:	
E-Mail:	
Homepage:	
VAT number:	
2. Contact persons in the company	
Person in charge of conformity of production (CoP)	
First name and surname:	
Function:	
Phone:	
E-Mail:	
Person in charge of market surveillance (MS)	
First name and surname:	
Function:	
Phone:	
E-Mail:	
3. Application	
Reason	
<input type="checkbox"/> For the purpose of Initial Assessment	
<input type="checkbox"/> Re-Assessment (after effected or expired Initial Assessment)	
4. Information regarding management systems	
The company is already certified according to	
<input type="checkbox"/> IATF 16949 (quality management automotive industry)	
<input type="checkbox"/> ISO 9001 (quality management system)	
<input type="checkbox"/> ISO 27001 (information security management system)	
<input type="checkbox"/> ISO 14001 (environmental management system)	
<input type="checkbox"/> other management systems:	

Client Information TS C



5. Information regarding consulting services			
Has the company used external consulting services regarding CoP requirements?			
<input type="checkbox"/> yes		<input type="checkbox"/> no	
By company:			
Street and house no:			
Postal code and town:			
Country:			
Date of consultancy:			
6. Requested period for inspection/auditing on site			
Calendar week: <small>(Indication serves as guideline, detailed date will be coordinated during the process)</small>			
7. Information regarding employees and production plants			
Total head office employees (headcount):			
<u>Suggestion for evaluation:</u> Employees – more than 30 hours (FT) = full time share 1,00 Employees – up to 30 hours (PT) = full time share 0,75 Employees – up to 20 hours (PT) = full time share 0,50 Employees on marginal employment (ME) & trainees = full time share 0,25			
Full-time employees, 100%:			
Part-time employees, 75%:			
Part-time employees, 50%:			
Marginally employed & trainees, 25%:			
8. Additional information for CoP requirements			
Our company is owner of type approvals, or has intention to apply for type approvals			
as manufacturer/producer that makes all approval objects in-house and/or in legally dependent company			<input type="checkbox"/> yes
as manufacturer/producer that produces whole approval objects in-house but that also sub-contracts a certain proportion of approval objects for external manufacture			<input type="checkbox"/> yes
as manufacturer that does not produce in-house but is responsible to the approval authority for meeting the requirements pertaining to the type-approval procedure and conformity of production			<input type="checkbox"/> yes
9. Information production plants			
In case of more than two own or two external production plants a complete, informal transmission of the requested information is sufficient			
Own production plants		Certified <small>According to quality management standard DIN EN ISO 9001:2015 or comparable</small>	Certified with CoP
1	Company:	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Street and no:		
	Postal code and town:		
	Country:		
2	Company:	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Street and no:		
	Postal code and town:		
	Country:		

Client Information TS C



External production plants		Certified	Certified with CoP
1	Company:	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Street and no:		
	Postal code/place:		
	Country:		
2	Company:	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Street and no:		
	Postal code/place:		
	Country:		
10. Information about approval authorities			
To which approval authority shall the report on CoP be presented? Which approval authority will grant the initial assessment?			
1	<input type="checkbox"/> Kraftfahrt-Bundesamt (Germany)		
2	<input type="checkbox"/> Société Nationale de Certifications et d'Homologation (Luxemburg)		
3	<input type="checkbox"/> others:		
11. Information about approval objects included in the inspection			
Substantially similar approval objects can be clustered Example: passenger car, motorcycle, silencer, special wheel, rear under-run protection			
No.	Approval object	Legal act for granting of approval	
1		<input type="checkbox"/> VO(EU) 2018/858 resp. Regulation 2007/46/EG <input type="checkbox"/> VO(EU) 168/2013 resp. Regulation 2002/24/EG <input type="checkbox"/> VO(EU) 167/2013 resp. Regulation 2003/37/EG	
		Other legal acts:	
2		<input type="checkbox"/> VO(EU) 2018/858 resp. Regulation 2007/46/EG <input type="checkbox"/> VO(EU) 168/2013 resp. Regulation 2002/24/EG <input type="checkbox"/> VO(EU) 167/2013 resp. Regulation 2003/37/EG	
		Other legal acts:	
3		<input type="checkbox"/> VO(EU) 2018/858 resp. Regulation 2007/46/EG <input type="checkbox"/> VO(EU) 168/2013 resp. Regulation 2002/24/EG <input type="checkbox"/> VO(EU) 167/2013 resp. Regulation 2003/37/EG	
		Other legal acts:	
12. Information about place of inspection			
On the approval holders premises (see above):		<input type="checkbox"/>	
In the following production plant (see below):		<input type="checkbox"/>	
Company name:			
Street and no:			
Postal code and city:			
Country:			
Contact person:			
Phone:			
E-Mail:			

Client Information TS C



I hereby confirm the correctness and completeness of the information given above.	
Date:	Signature:

<p>Contact: GTÜ Certification GmbH Vor dem Lauch 25 70567 Stuttgart Germany</p> <p>Fon: +49 711 976 76 – 750 Fax: +49 711 976 76 – 759 Mail: certification@gtue.de Web: www.gtuecert.de</p>	<p>Management board: Gabriele Schmidt-Rauße, Thomas Emmert</p> <p>Seat of the company: Stuttgart</p> <p>Registry court: HRB Nr. 17372</p> <p>Tax number: 99040/02210</p> <p>UID: DE263216660</p> <p>IBAN: DE12 6005 0101 0002 0650 67</p> <p>BIC: SOLADEST600</p>
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