



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, The Business Centre, Edward Street, Redditch, Worcestershire, B97 6HA Fax: +44 (0) 1527 66946 or you can save the document and email it to info@acmcert.com .						