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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Logo  Description automatically generated | | **Request For Quotation (RFQ)** | | | | | | | | | | | |
| **Name of Organisation** | |  | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | |
| **Contact Name** | |  | | | | | | | | **Function** | | | |
| **Telephone number** | |  | | | | | | | | **Email** | | | |
| **Direct dial number** | |  | | | | | | | | **Web address** | | | |
| **STANDARD / SCHEME *(please indicate):*** | | | | | | | | | | | | | |
| UKCA marking for Construction Products**[[1]](#footnote-1)** |  | | NAWIR and/or MIR**[[2]](#footnote-2)** | | | | | | | |  | OTHER: (please use standard number) | |
| **Please contact** [**medical.devices@nsai.ie**](mailto:medical.devices@nsai.ie) **for request for quotation forms for the following:** | | | | | | | | | | | | | |
| * ISO 13485 Medical Devices * MDSAP | | | | | | * 93/42/EEC Medical devices * 90/385/EEC Active implantable medical devices * 98/79/EC In vitro diagnostic medical devices | | | | | | | |
| **Information for Quotation purposes. ALL FIELDS BELOW MUST BE ADDRESSED** | | | | | | | | | | | | | |
| Transfer from other accredited Certification Body | Yes | |  | No |  | | If yes, we will require a copy of your current certificate of registration with this form | | | | | | |
| Reason for Transfer: |  | | | | | | | | | | | | |
| Last audit date (for transfer requests only): | | | |  | | | | | | | | | |
| Integrated Management System | Yes | |  | No |  | | Level of integration *(please specify %)*: | | | | | |  |
| Nature of Business / Scope of Certification | | | | | | |  | | | | | | |
| Number of employees | | | | | | |  | | | | | | |
| If you outsource any process(s) please specify | | | | | | |  | | | | | | |
| Company products / services **excluded** from application if any | | | | | | |  | | | | | | |
| Confirmation that this application has **not** been lodged with any other approved body | | | | | | |  | | | | | | |
| Location(s) for Assessment: (an additional page may be used) ***If more than one location a list of ALL locations, including staff numbers at each, is mandatory – PLEASE USE ADDITIONAL PAGE IF NECESSARY*** | | | | | | | | | | | |  | |
| Name of Consultant (if any) | | |  | | | | | | | | | | |
| Additional information: | | | | | | | | | Date request submitted to NSAI Certification UK Ltd: | | | | |
| ***Email completed forms to****:* [*priscila.barbosa@nsai.ie*](mailto:priscila.barbosa@nsai.ie) | | | | | | | | | | | | | |
| OFFICE USE ONLY | IAF: | | | | | | |  | | | | | |

1. ***Requests must be accompanied with a list of relevant standards*** [↑](#footnote-ref-1)
2. ***Requests must be accompanied with copies of the type approvals*** [↑](#footnote-ref-2)