



6029 14 Mile Rd.
Suite 200
Sterling Heights, MI
48312

Request For Quote

New Certification _____ Transfer of Current Certification _____

Corporate Name: _____ Date: _____

Corporate Address: _____

Management Representative Name: _____

Telephone & Extension: _____

E-mail: _____

Standard(s): _____ Planned Date for Certification _____

NOTE: All customers must complete this section. If you have more than one facility, please copy this page and complete this section for each facility.

Facility Name: _____

Facility Address: _____

Hours of Operation: _____ Holiday/Closings: _____

Total Employees: _____ Facility Size (sqft): _____

Salaried: _____ Hourly: _____ Part-Time: _____ Avg. Part-Time Hours: _____

Shifts & Hours: 1st _____ 2nd: _____ 3rd: _____ Other: _____

Scope of Registration: Describe your company's activity for which registration is sought(including your product or services) as you would like it to appear on your certificate:

Clauses of Standard Not Applicable to your site and reason not applicable: _____

IAF Codes: _____ Major Customers: _____

Name and address of consultant used: _____

Send RFQ To: Sales at address above: or e-mail to: sales@excaliburregistrations.com,