



## Application for Registration

1. Company Name: \_\_\_\_\_ #of Employees: \_\_\_\_\_

2. Primary Address: \_\_\_\_\_  
\_\_\_\_\_

3. Scope: \_\_\_\_\_  
\_\_\_\_\_

4. IAF Code(s): \_\_\_\_\_ NACE Code(s) \_\_\_\_\_ SIC Code(s) \_\_\_\_\_

5. Design: \_\_\_\_ Yes \_\_\_\_ No # of Shifts \_\_\_\_\_

6. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

7. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. Location of Additional Sites: \_\_\_\_\_ IAF/NACE/SIC Codes \_\_\_\_\_ Design **\_\_Y \_\_N**

9a. \_\_\_\_\_  
Scope: \_\_\_\_\_  
# of Employees: \_\_\_\_\_ # of Shifts: \_\_\_\_\_

9b. \_\_\_\_\_ **\_\_Y \_\_N**

Scope: \_\_\_\_\_  
# of Employees: \_\_\_\_\_ # of Shifts: \_\_\_\_\_

9c. \_\_\_\_\_ **\_\_Y \_\_N**

Scope: \_\_\_\_\_  
# of Employees: \_\_\_\_\_ # of Shifts: \_\_\_\_\_

10. Current Registrations: \_\_\_\_\_

Please provide a controlled copy of your Quality Manual and Quality System Documentation along with your application for Registration.

This signed application including the provisions stated in the ADLS Quality Technology Associates, Inc. Agreement@ (attachment C) constitutes a binding contract with DLS, further more the applicant agrees to comply with the requirements for certification.

Please send the complete packet to: [DLS Quality Technology Associates, Inc. 100 Main Street, Camillus, NY 13031](#)

Signature

Title

Date

\_\_\_\_\_  
\* information contained in the Register is made public and requires your consent prior to publication. Please circle each item that you do NOT authorize to publish. All other items will be included

### Attachment A



DLS-Form-Q12  
Rev.A- 03.14.05

## Request for Quote

Quote # \_\_\_\_\_

1. Company Name \_\_\_\_\_ # of Employees \_\_\_\_\_

2. Primary Address \_\_\_\_\_

3. Scope \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Contact Person \_\_\_\_\_ Title \_\_\_\_\_

5. Phone \_\_\_\_\_ Fax \_\_\_\_\_

6. Email \_\_\_\_\_

7. Location of Additional Sites	Scope	Design Group	# of Employees	# of Shifts
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7a. _____	_____	<input type="checkbox"/>	_____	_____
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7b. _____	_____	<input type="checkbox"/>	_____	_____
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7c. _____	_____	<input type="checkbox"/>	_____	_____
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7d. _____	_____	<input type="checkbox"/>	_____	_____
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8. Current Registrations \_\_\_\_\_

Please fax completed request to: **315.672.3596**

or send to:

**DLS, 100 Main Street, Camillus, NY 13031**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date