Request for Quote – Product Certification

To aid in our understanding of your needs and to provide you with an accurate Fee Proposal we would appreciate you answering the following questions. Please also note that by submitting this **Request for Quote (RFQ)** you authorize DLCS to make all necessary enquiries and ensure the organisation listed below is a registered legal entity.

(Use Extra Sheets if Necessary)

# Organisation Details

| Company Details | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name to be certified |  | | | | | |
| ABN / ACN |  | | | | | |
| Trading Name(s) |  | | | | | |
| Does the company have any subsidiary companies to be covered by this certification? | | | | Yes | | No |
| If Yes, Provide Company names; | | | | | | |
| Number of Employees/Contractors  (*Note: Specific functional list at s3*) | Full time |  | Part-time | |  | |
| Contractors operating under same management system |  | Sub-contractors operating under same management system | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full-time, Part-time and contracted employees will be considered in the calculation of your EFT | | | | | |
|  | | | | | |
| Physical Address (Head Office) | | | | | |
| Street Address |  | | | | |
| Suburb, Country |  | State |  | Postcode |  |

| Mailing Address (if different from above) | | | | | |
| --- | --- | --- | --- | --- | --- |
| Street Address or PO Box Address |  | | | | |
| Suburb, Country |  | State |  | Postcode |  |

| Management Representative (responsible for the certification process) | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Title: | |  | |
| Street Address: |  | | | | | |
| Suburb, Country: |  | State: |  | Postcode | |  |
| Email: |  | | Phone |  | | |
| Mobile: |  | | Fax |  | | |

| Billing Information (if different from above) | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Title: | |  | |
| Street Address: |  | | | | | |
| Suburb, Country: |  | State: |  | Postcode | |  |
| Email: |  | | Phone |  | | |
| Mobile: |  | | Fax |  | | |

# PROPOSED Site Details/Scope for Inclusion of Certification

| Site Details – Permanent sites | | | List Functions | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sites | Location/Site/Office Address | Total No. of Employees (Full Time Employee- FTE) | R&D | Design | Purchasing | Production | Sales and Marketing | Admin | Services | HR | Legal | Other |  |
| List total no. of employees within each functions @ each location/site below | | | | | | | | | | |
| HO |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Primary Drivers for Product Certification

| Business Objective(s) | |
| --- | --- |
| Market access to Green Star building projects |  |
| Access to government procurement tenders |  |
| Earn point for Green Star by specifying GECA |  |
| International recognition – get certified by a member of the Global Ecolabelling Network (GEN) |  |
| Market recognition and exposure |  |
| Independently verified by JAS-ANZ accredited auditors |  |
| Reduce Environmental Footprint |  |
| Costs Control (e.g. minimising energy consumption, minimise raw materials consumption, minimising risks of environmental penalties) |  |
| Product differentiation and marketing |  |
| Other |  |

# About Your Management System

| Your Management System/s | | | | |
| --- | --- | --- | --- | --- |
| Are you using a consultant to develop your Management System? If so, please provide the company name, consultant name and phone number. |  | | | |
| Do you have any Management System OR Product certified by DLCS or another Certification Body (CB)? If so, please provide the details. | Yes (If ‘Yes’, please provide details below) | | | No |
| CB |  | | |
| Program |  | | |
| Cert. No. |  | Expiry date | Click here to enter a date. |
| From the sites identified in s2, which site(s) produce the Product(s) to be certified? |  | | | |

# Table 1: Detailed Products Table

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Product Name | Product  Number | Manufacturing Details | Product Catalogue/Product Data Sheet Number, Version & Date | Product Drawing / Formula/ Recipe Number, Version and Date | \*Product Range | Indicative turnover range | \*\*Relevant standard(s) |
|  |  | e.g. Manufacturer Name, Country | E.g. Product Data Sheet Number 32445, Catalogue Number 5467 | E.g. Formula 5683579 |  |  |  |
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\*If two or more products fall under one product range, please indicate that. This would minimise the assessment duration

\*\* Refer GECA website <http://www.geca.org.au/standards/geca-standards/>

|  |  |  |  |
| --- | --- | --- | --- |
| Is or will the certified Product be sold in (tick/check box) | Australia | Export | If exported or planned to export, provide details below |
| Countries sold/exported |  | | |

# Other Information

| Marketing Information | | |
| --- | --- | --- |
| How did you hear about GECA product certification? | | |
| Would you like information on any other Services? | Readiness Assessments |  |
| Management System Training |  |
| Internal Auditing /Training |  |
| Quality Management Systems (QMS) – AS/NZS ISO 9001:2008 |  |
| Environmental Management Systems (EMS) – AS/NZS ISO 14001 |  |
| Occupational Health & Safety Management Systems (OHS) – AS/NZS 4801:2001 |  |
| Other |  |
| Please don’t Send me any marketing material | |  |

### Please email Completed forms to [info@dlcsi.com.au](mailto:info@dlcsi.com.au) and a member of the DLCS team will contact you.

# Office Use Only

|  | Y/N | Pass - Y/N |
| --- | --- | --- |
| ASIC Register check |  |  |
| Credit Check |  |  |
| For Product Certification: Check current Product Standard version # |  |  |