

Please complete this questionnaire and forward it to DEV Certification 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	
Address	
	Zip Code : _____ Country : _____
Website	
Email	
Contact person (Title, first and last name)	
Standard(s) to be assessed	
Scope	
Employee (full time)	
Employee (part time)	
Shift Number	
Consultant Name	
Date	
Sign	