

# ASME QPS Application

Organization (as it will appear on the Certificate)			
Division, (department, etc., if it is to appear on the Certificate)			
Main Site Address City, State, Country & Zip Code (as it will appear on the Certificate)			
Billing address (if different from above):			
City, State & Country & Zip Code			
Contact Name		Title	
Email		Tel	

Travel Information for Audit Team	
Recommended hotel or motel for team (provide name, full address, and telephone numbers)	
First Choice	Second Choice

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Engineering Services

Recommended airport (include city name):

From airport to Lodging:                      Miles                      KM

From lodging to office/plant/site:              Miles                      KM

Recommended airport to lodging transport    Signed:

Taxi	Limo	Rental Car	Date:
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Hotel Limo	Company Pickup	Title:
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**SCHEDULING INFORMATION**

ASME will make every effort to conduct an evaluation of an Applicant's program as soon as possible after receipt of the application forms and fees. **However, there is an average lead time to schedule surveys, from receipt of completed application and fees of four (4) months due to scheduled surveys of other companies.**

Please note that if you check as soon as possible or a date much earlier than four months, we will in general only be able to schedule at those times if another company in your area cancels their date.

What is the earliest date that you are available for a survey?

As soon as possible:

Or

Date(s):

What weeks or dates are not acceptable to you (due to Holidays, plant shutdowns, etc.) between your first available date and eight months from the date of your application?

Company:

Date:

Signed:

Your survey will be scheduled as soon as possible consistent with your responses and in conjunction with other companies in your area. We, therefore, expect you to accept the dates that we assign. Lack of acceptance may result in a long delay until the next series of surveys are scheduled in your area or a substantial increase in your costs if a Team must be sent to do your survey alone. We cannot schedule your survey until the completed application, fees and this completed form are received.

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Please provide a brief description of the activities/processes/products/services to be supplied by your organization under the ASME Quality Supply Program	

Declaration			
I confirm that I am the authorized representative of my organization, and that the above information is correct. I confirm that the organization undertakes to comply with the regulations relating to registration and to pay all fees and charges connected with the registration process, irrespective of the eventual granting of registration.			
Date		Name	
Signature			

Please provide any additional information or comments in the space below. If the main site has multiple building, please provide a description or drawing along with a description of activities performed at each building.	