

## Request for Quotation/Application for Product Certification (For on-line applications log onto [www.eqa.ie](http://www.eqa.ie))

Please complete this questionnaire and attach any relevant supporting information describing your organisation's scope of operation.

On receipt of a completed questionnaire, EQA will prepare and submit a proposal detailing Assessment and Registration costs.

1. Company Name: \_\_\_\_\_

2. Address of site requiring registration: \_\_\_\_\_  
\_\_\_\_\_

3. Contact Name: \_\_\_\_\_ 4. Chief Executive: \_\_\_\_\_

5. Telephone No.: \_\_\_\_\_ 6. Mobile No.: \_\_\_\_\_

7. E-mail: \_\_\_\_\_ 8. Fax No.: \_\_\_\_\_

9. Please indicate the product standard(s) applicable to your organisation

I.S. EN 50131/SR 40  
(Intruder Alarm Systems)

I.S. 228:1997/SR 41  
(Alarm Receiving Centres)

I.S. 999:2004  
(Door Supervision)

PSA 2006\_12/ SR 40  
(C.C.T.V.)

I.S. 999:2004  
(Guarding Security)

10. Are you currently certified to any national or international standards (eg ISO 9001:2008)?  
(if yes, please give details)

Yes

No

\_\_\_\_\_

*If other sites or branches require inclusion within the registration, please provide details of locations, activity and employees on a separate sheet.*

11. Number of Employees

|                        |                      |
|------------------------|----------------------|
| Directors / Partners   | <input type="text"/> |
| Managers / Supervisors | <input type="text"/> |
| Admin / Sales          | <input type="text"/> |
| Technical / Service    | <input type="text"/> |
| Trainees               | <input type="text"/> |
| Others                 | <input type="text"/> |
| Total Staff Level      | <input type="text"/> |

12. Number of Systems installed in the past 12 Months (or number of systems monitored)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Intruder             | Access               | C.C.T.V.             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Or**

Number of active Sites (IS 999:2004)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Mobile               | Static               | Door                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

13. Is shift work in operation or planned?

Yes  No

14. Where did you hear of EQA? \_\_\_\_\_

**Please return the completed questionnaire together with a copy of your Organisation Chart (if available) to:**

EQA (Ireland) Ltd.  
15 Greenmount Office Park,  
Harold's Cross  
Dublin 6W

Tel: 01- 473 4188 Fax: 01- 473 4191  
E-mail: info@eqa.ie